

Registration Form

Saturday, August 24, 2019 at Jackson Park @ 63rd & Hayes Drive

Register on line!

www.calahanfoundation.org.

IMPORTANT: Your registration will not be complete without a signed waiver.

Runner/Walker Information – Every individual must register. Please mail or hand deliver the completed form to the Calahan Foundation located at 7030 S. Halsted, Suite 200, Chicago, IL 60621 between the hours of 9:00 am and 5:00 pm, Monday – Friday.

Check-in/Registration	on Begins at 6:45 AM	
Step Off Begi	ns at 8:00 AM	
Individual Datas (all)		
Individual Rates (all rates are per person):		
Regular Registration	Late Registration	
\$35.00 per person	\$40.00 per person	
May 1 – June 30, 2019	July 1 – August 10, 2019	

Full Address:	
Age on Race Day:	Gender
T-Shirt Size: X-Small, Small, Medium,	Large, X-Large, XX-Large , 3X-Large, 4X Large(Fill in)
Email:	ATION with MATCHING CIFT PROCRAMS!****

First Name Last Name

A matching gift is a charitable donation by a corporation that matches an employee's donation to an eligible nonprofit organization, most often dollar for dollar. Contact us for more details!

Make checks payable to Calahan Foundation. Mail forms, payments, and waivers to Calahan Foundation, 7030 S. Halsted, Suite 200, Chicago, IL 60621.

Visit our website for additional information and online registration at www.calahanfoundation.org. IMPORTANT: Your registration will not be complete without a signed waiver.



TEAM REGISTRATION FORM

Saturday, August 24, 2019 at Jackson Park @ 63rd & Hayes Drive

IMPORTANT: Your registration will not be complete without a signed waiver.

<u>Runner/Walker Information</u> – **Every team member <u>MUST</u> sign a waiver.** Registration is not complete until you submit a waiver. Please mail or hand deliver the completed form to the Calahan Foundation located at 7030 S. Halsted, Suite 200, Chicago, IL 60621 between 9:00 am – 5:00 pm, Monday – Friday.

Jackson Park @ 63rd & Hayes Drive

Check-in/Registration Begins at 6:45AM Step Off Begins at 8:00 AM

Team Fee (7 or more)

TEAM NAME:	
I EVIAL IAVIAIE	

Team Rates

Regular Registration

May 1 - June 30, 21019 - \$30.00 per person

Late Registration

July 1 - August 10, 2019 - \$35.00 per person

First Name	Last Name	Full Address	Age	Sex	T-Shirt Size	Email Address

*****DOUBLE YOUR DONATION with MATCHING GIFT PROGRAMS!****

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House Music 5K Run/Walk Saturday, August 24, 2019 Disclaimer Form

*Required	
*Name	_
*Address	_
*Mobile Phone	
*Email Address	<u> </u>
ADULTS I * (name) understand to Run/Walk, which includes but is not limited to walking or my heirs, assignees, executors and administrators, fully a not to sue and hold harmless Calahan Foundation, Inc. or to its board of directors, officers, employees, agents), volution of action, suits, damages, losses, liabilities, costs and expand attorney fees) that I or my heirs, assignees, executors (including but not limited to property damage and loss, but or not foreseeable or contributed to by the negligent acts Chicago Park District or others described above, resulting event. I further understand that the volunteers and are Calahan Foundation, Inc. or Chicago Park District.	nd forever release, waive, discharge, covenant Chicago Park District, (including, but not limited inteers, for any and all claims, demands, causes enses (including but not limited to, court costs and administrators from any causes whatsoever dily injuries, illness) present or future, whether or omissions of the Calahan Foundation, Inc. or g from or arising out of my participation in this
*Signature	*Date



House Music 5K Run/Walk Saturday, August 24, 2019 Disclaimer Form

Minor's Name		
Guardian's Name		_
Address		
Phone		-
_	MINORS	_
I	/Walk, which includes the lease, waive, discharge, it District, (including, but for any and all claims, do uding but not limited to ited to property damage contributed to by the not or others described lerstand that volunteer	covenant not to sue and hold harmless ut not limited to its board of directors, emands, causes of action, suits, damages, court costs and attorney fees) from any and loss, bodily injuries, illness) present egligent acts or omissions of the Calahan above, resulting from or arising out of
Minor's Name		
Adult Guardian's Name	Relationship	
Guardian Signature	Date	