

Date Submitted: _____
 (Office Use Only)

2012 Walk, Run or Roll ½ Mile Race

Sunday, May 6, 2012

Individual/Group Registration Form

Please complete the following registration form and make checks payable to: SWSRA C/O Lori Chesna, 12521 S. Kostner Ave, Alsip, IL 60803. Completed registrations, medical forms and waivers must be submitted in order to compete in this event. *Groups of four will register the 5th person for FREE.* One buddy per athlete is welcome to assist for free; however they will not receive a free T-shirt. Buddy T-shirts can be purchased for \$5.00. **Registration Deadlines and Fees:** **January 1st:** \$7 (Guaranteed Water Bottle, T-shirt & Medal), **March 1st:** \$10 (Guaranteed T-shirt & Medal), **April 1st:** \$15 (Guaranteed T-shirt & Medal), and **May 1st:** \$17 (No Guarantee of T-shirt or Medal).

EVENT: **2012 Walk, Run or Roll ½ Mile Race**

AGENCY NAME/PARTICIPANT: _____

PHONE #: (____) _____ FAX: (____) _____

ADDRESS: _____ CITY/ZIP CODE: _____

CONTACT PERSON: _____ NUMBER OF PARTICIPANTS: _____ NUMBER OF STAFF: _____

AMOUNT ENCLOSED: \$ _____

PLEASE PRINT CLEARLY

PARTICIPANT NAME	Fee (5 th person is free)	BUDDY NAME	* ASSISTED MOBILITY DEVICE	PHOTO PERMISSION (Y/N)	WAIVER	COPY OF MEDICAL CARD	PARTICIPANT T-SHIRT SIZE Adult Sizes: (S- XXL)	BUDDY T-SHIRT for \$5.00 Adult Sizes: (S-XXL)
1.								
2.								
3.								
4.								
5.	FREE							
6.								

* If an individual will be using an assisted mobility device, please write the specific device (Ex: manual/motorized wheelchair, cane, walker and etc.) in the box above.

Total: \$

Total: \$

Walk, Run or Roll Waiver and Release

South West Special Recreation Association (SWSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. SWSRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this activity must recognize that there is an inherent risk of injury when choosing to participate in running/walking events.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for road race participation. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity. You are also solely responsible for selecting and wearing personal protective equipment.

Please recognize that roadways are maintained and intended for motor vehicle use and not pedestrian use. Therefore, surface irregularities and other hazards that do not pose safety risks to motor vehicles, may pose risks to joggers and walkers. Prior to the event, all participants should familiarize themselves with the event route, paying close attention to surface irregularities and other potential dangers. Participants should also familiarize themselves with traffic patterns, check points, and all first aid and water stations. *Most important, remember that this is a voluntary recreational activity. Never compromise your safety in the name of competition.*

WARNING OF RISK

Running and power walking are intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. The very nature of road racing is hazardous and risky, including but not limited to overexertion, dehydration, slip and falls, collisions with other participants, the effects of weather, dangerous conditions of the road, being struck by a vehicle or bicycle, lack of good physical conditioning, poor training technique, and all other circumstances inherent in running/walking events. In this regard, it must be recognized that it is impossible for the (Park District/SRA) to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this event, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this event.

I recognize and acknowledge that there are certain risks of physical injury to participants in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this activity against South West Special Recreation Association, Chicago Running and Special Events Management, Inc., First Midwest Bank, the associated municipalities and government agencies, Running for Kicks, its respective officials, agents, volunteers and employees (hereinafter collectively referred as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this activity. I further agree that this agreement shall be governed by the State of Illinois.

I hereby grant permission to South West Special Recreation Association & Special Events management, Inc, First Midwest Bank, & and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any purpose. There will be a \$30 fee for all returned checks. Sorry, no refunds.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name _____

Date: _____

Participant's Signature _____

(18 years or older or Parent/Guardian)



Runner Bib # _____

Loyola University Medical Center is proud to manage the medical tents for this year's Walk, Run or Roll 1/2 Mile Race. We are asking that you complete the information below. This will help us help you should the need arise.

RUNNER/BUDDY INFORMATION CARD

Please Check:	I AM A: <input type="checkbox"/> RUNNER -or- <input type="checkbox"/> BUDDY
Participant's Name:	
Date of Birth:	
Phone:	
Doctor's Name:	
Doctor's Phone:	
Emergency Contact:	
Emergency Phone:	

Allergies (Please list all allergies (food, medication, latex, iodine, etc.))

Substance	Reaction

Medications (Please list all medications and dose)

Medication	Dose

Pertinent Medical History:
