



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 by April 28, 2010** in order to compete in the event. 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.

EVENT: **Walk, Run or Roll ½ Mile Race 2010**

AGENCY NAME/PARTICIPANT: _____

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

ADDRESS: _____ CITY/ZIP CODE: _____

CONTACT PERSON: _____

EMERGENCY CONTACT PERSON/NUMBER: _____ (____) _____

NUMBER OF PARTICIPANTS: _____ NUMBER OF STAFF: _____ AMOUNT ENCLOSED: \$ _____

PLEASE PRINT CLEARLY

PARTICIPANT NAME (\$15.00)	BUDDY NAME	WHEELCHAIR (Y/N)	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.							
6.							

Total:\$

Total: \$



Runner Bib # _____

Loyola University Medical Center is proud to manage the medical tents for this year's Palos Bank Southwest Walk, Run & Roll 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:



Waiver

WAIVER: I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against Chicago Running and Special Events Management, Inc. dba Special Events Management, the associated municipalities and government agencies, Running for Kicks, Palos Bank & Trust and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to SEM 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 \$30.00 fee for all returned checks. Sorry no refunds.

Participants Name: _____

Signature _____ Date: _____

(If under 18, parent/guardian signature please)