

Illinois Runs Training Program Registration

Check the training program you are registering for: LaSalle Bank Chicago Marathon
 Experienced LaSalle Bank Chicago Marathoner
 Club Code Needed _____

	\$125.00
	\$70.00
	\$50.00

Where do you intend to do your weekend training run?

Where do you intend to go for the educational clinics?

What is your training pace per mile? (*Circle One*)

7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00

First Name	Last Name

Street Address / Apartment Number

City	State	Zip / Postal Code	Country (if not USA)

Telephone Number	Date of Birth	Singlet Size	Gender

Select your payment method: Cash Check Money Order

Sorry, cash, check or money order only

Enter your email address (Please print clearly)

THIS IS AN IMPORTANT WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. In consideration of your accepting this entry and other good and valuable consideration the receipt and adequacy of which I hereby acknowledge, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Illinois Runs Training Programs – (the "Event"), the Chicago Park District, the City of Chicago, the State of Illinois, the City of Lake Zurich, the City of Warrenville, the City of Libertyville, the City of St. Charles, the City of Schaumburg, the City of Niles, the City of Oak Forest, the City of Frankfort any and all sponsors of the Event and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me in or as a result of the Event. No refunds if Event cannot be staged because of act of God or is not staged or cancelled for any reason. Illinois Runs Training Programs shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware of the dangers and precautions that must be taken when running in warm or cold conditions and on uneven surfaces. I further assume and will pay my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I am over 17 years old. I hereby grant permission to Illinois Runs Training Programs to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising. I have read this waiver carefully and understand it.

Signature _____ Date _____

Mail completed form and payment to Illinois Runs, 20 Jonathan Rd, Lake Zurich IL 60047