



Western Suburbs

August 8, 2015
www.lupuswalkil.org

Register for the Western Suburbs Illinois Lupus Walk!

Name *(complete one form for each walker)*

T-Shirt Size

Mailing Address

City

State

Zip

Phone

Email

Employer

Title

- ☐ Start a team, team name: _____
- ☐ Join a team, team name: _____
- ☐ Walk as an individual
- ☐ I cannot attend but would like to make a donation *(complete information below)*

DON'T FORGET TO SIGN WAIVER ON BACK!

Registration Fees:

Includes a 2015 t-shirt!

- ☐ Adult walker - \$25 *(Please note, adult registration increases to \$30 day of walk)*
- ☐ Child - \$10 *(12 years and under)*
- ☐ Additional Donation \$_____ *(Will be added to your registration fee)*
- ☐ I have lupus. Please mail me a free information packet.
- ☐ Check Enclosed *(Please make checks payable to LSI)*
- ☐ Please charge my credit card \$_____

- ☐ Visa
- ☐ MasterCard
- ☐ Discover

Name on Card _____

Card # _____ Exp. Date _____ CRV # _____

(3 digits on back)

Please return this form to:

Lupus Society of Illinois, Attn. Brianna Svec
525 W. Monroe St., Ste. 900, Chicago, IL 60661
312-542-0006 • fax 312-255-8020 • brianna@lupusil.org

**Lupus Society of Illinois
General Release and Waiver**

For good and valuable consideration, including my and my minor child(ren)'s voluntary participation in the Lupus Society of Illinois, Inc.'s fundraising walk (the "Event"), I, personally, and on behalf of, and as parent or legal guardian of, the minor child(ren) identified below, and on behalf of anyone acting on my behalf or on behalf of my minor child(ren), including, but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, or any other person or entity asserting claims through me and/or my child(ren), agree to release, indemnify, defend, hold harmless and forever discharge the following persons and entities:

the Lupus Society of Illinois, Inc. (LSI), the City of Naperville, the Naperville Park District,

and all of its respective directors, officers, shareholders, members, managers, partners, board members, agents, representatives, employees, subsidiaries, successors, parents, heirs, executors, administrators, representatives and affiliates (collectively, the "Releasees"), from and against any and all claims, suits, losses, damages, judgments, expenses, costs, and liabilities (including, without limitation, reasonable attorney, expert witness and court reporter fees and court costs and expenses), which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in any way related to (a) my or my minor child(ren)'s participation in and/or presence at the Event, and (b) the use of my and/or my minor child(ren)'s name, image, likeness and/or quotations in an media platform, including, but not limited to, print, television, radio, mobile and the Internet, in any advertisement or promotion or fundraising effort relating to or supporting LSI.

I HAVE FULLY READ THIS RELEASE AND WAIVER, AND HAVE BEEN FULLY INFORMED REGARDING THE EVENT AND ANY QUESTIONS I HAD REGARDING THE EVENT OR THIS DOCUMENT HAVE BEEN ANSWERED.

I UNDERSTAND THE DANGER OF PERSONAL INJURY OR DEATH THAT MAY RESULT FROM PARTICIPATING IN AND/OR BEING PRESENT AT THE EVENT.

I UNDERSTAND THE POSSIBILITY AND RISKS TO MY PERSONAL PROPERTY THAT MIGHT RESULT FROM MY PARTICIPATING IN AND/OR BEING PRESENT AT THE EVENT.

I ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS AS A RESULT OF MY OR MY MINOR CHILD(REN)'S PARTICIPATION IN AND/OR BEING PRESENT AT THE EVENT.

I HEREBY GIVE RELEASEES OR ANY ONE OF THEM IRREVOCABLE PERMISSION TO USE MY AND/OR MY CHILD(REN)'S NAME, IMAGE, LIKENESS AND/OR QUOTATION ON THE INTERNET AND/OR IN ANY OTHER MEDIA PLATFORM FOR PURPOSES OF ADVERTISEMENT, PROMOTION OR FUNDRAISING, AND AGREE THAT I AND MY CHILD(REN) SHALL NOT BE ENTITLED TO ANY COMPENSATION FOR SUCH USE.

Parent/Guardian Signature

Print Name

Date

Child(ren)'s Name(s)

Address: _____

City, State, Zip: _____