



# BRAIN GAMES REGISTRATION FORM

**FEBRUARY 26, 2014**

**Municipal Bar & Dining Co.**

**216 W. Ohio Street, Chicago IL**

**6:00 p.m.-10:00 p.m.**

**Trivia begins at 7:30 p.m.**

## REGISTRATION FORM

\_\_\_\_\_ **GENDER**  MALE  FEMALE

**FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

\_\_\_\_\_ **ADDRESS (Street, City, State, Zip)**

\_\_\_\_\_ **EMAIL ADDRESS** (all event updates will be sent via email) \_\_\_\_\_ **PHONE** (primary) \_\_\_\_\_

**ARE YOU A BRAIN TUMOR SURVIVOR?**  YES  NO

**WHAT IS YOUR CONNECTION TO THE FIGHT AGAINST BRAIN TUMORS?**

I am directly affected by or am a patient with a brain tumor

Someone close to me is/was affected by a brain tumor

I know of others affected by brain tumors

I don't know anyone affected by brain tumors, but I want to support the cause

I have no connection to the fight against brain tumors

**WHAT IS YOUR PRIMARY REASON FOR PARTICIPATING?**

A friend/family member asked me to participate

My company/church/community group asked me to participate

I want to support ABTA

Someone close to me is battling, or lost their battle with, a brain tumor

I have/had a brain tumor

**HOW DID YOU HEAR ABOUT THIS EVENT?**

Friend/ Coworker  Email  Past Participant in ABTA Event  Work  Print/Radio  Other

I am:	Would you like to register other team members?:	Registration Fees
<b>Joining a Team</b> <input type="radio"/> <b>Team Name:</b> _____  <b>Starting a Team*</b> <input type="radio"/> <b>Team Name:</b> _____  <b>Attending the event but will not be participating in team trivia</b> <input type="radio"/>  *teams must be between 2 and 6 players in size	<b>Team Member #1:</b> _____ <b>E-Mail:</b> _____ <b>Team Member #2:</b> _____ <b>E-Mail:</b> _____ <b>Team Member #3:</b> _____ <b>E-Mail:</b> _____ <b>Team Member #4:</b> _____ <b>E-Mail:</b> _____  Please attach a separate sheet with additional names and e-mail addresses, if necessary.	<b>Individual Registration (\$50)</b> \$ _____ <b>Addl. Registrants (\$50/person)</b> \$ _____  <b>Addtl. donation to the ABTA</b> \$ _____  <b>TOTAL PAYMENT:</b> \$ _____  <b>Payment Type (check one):</b> <b>Check*:</b> _____ <b>Check #:</b> _____  <b>Credit Card: AMEX DISC MC VISA</b>  <b>Name on Card:</b> _____  <b>Card Number:</b> _____  <b>Exp. Date:</b> _____ <b>Sec. Code:</b> _____ * Please make checks payable to the American Brain Tumor Association (ABTA).

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I hereby release, waive, discharge and covenant not to sue for myself, heirs, executors and administrators and waive any and all claims I may have for any loss, liability, damages, or costs against the American Brain Tumor Association (ABTA), Municipal Bar & Dining Company, the City of Chicago, and all sponsors and individuals associated with the event, their representatives and successors, and assigns for any and all injuries or illnesses suffered by me in connection with this event, including pre- and post-event activities. I agree to indemnify and save and hold harmless the releases and each of the above mentioned entities/individuals. In the event that I must withdraw from the event for any reason, inclement weather or canceling of the event, I understand that the ABTA will not issue a refund or transfer my registration. Further, I hereby grant permission to ABTA and their authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any lawful purpose. I have read this Release and Waiver of Liability and Indemnity Agreement and voluntarily sign it.

X \_\_\_\_\_  
 Participant Signature Date

Please note, all registrants must be at least 21 years of age on February 26, 2014.