

Austin POWER 5k Walk/Run - SATURDAY, SEPTEMBER 24, 2016

Register Online at www.AustinPower5K.com by noon on Sept. 16 • Register by mail by Sept. 9. Send your form and registration fee to: Austin POWER 5K Walk/Run Registration c/o Helping Our People Excel CDC, 5900 W. Iowa St., Chicago, IL 60651 • Register In-Person by Sept. 16 | Tues–Fri. 10am – 2pm | at: Helping Our People Excel CDC, 5900 W. Iowa St., Chicago, IL 60651.

Please print clearly. Use one form per participant. Copies of this form are acceptable. Registrations are NON-TRANSFERABLE. Attempting to participate under false pretense will result in disqualification. Race registration will close on September 16, 2016 or upon reaching 1,000 registered participants.

GROUP REGISTRATION

[Please provide email address in order to receive pre-race updates]

GROUP NAME: _____

GROUP CONTACT PERSON

Name: _____

Phone: [_____] _____ - _____ Land Line Mobile

Alternate: [_____] _____ - _____ Land Line Mobile

Email: _____

ORGANIZATION INFORMATION *[if applicable]*

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: [_____] _____ - _____ Email Address: _____

Website: _____

Registration of: 1 2 3 4 5 Other: _____ group[s] of 10 participants.

**** A Group Member Registration & Waiver Form is required for each group member at time of registration. ****

| RACE DETAILS | | PAYMENT INFORMATION | |
|--|--|--|---|
| DISTANCE | GROUP FEE | PAYMENT TYPE | If by Credit / Debit, provide: |
| 5k (3.1 Miles) | \$300.00 <i>Per group of 10</i> | <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit / Debit | Card No. _____ Exp. Month / Year _____ / _____ Code No. _____ <i>[see rear of card]</i> Registered Zip Code: _____ <input type="checkbox"/> Authorization is provided to charge the registration fee of \$_____ to the above listed credit / debit card. Signature: _____ Date: _____ |
| DONATE TO Austin POWER of Life 5K | <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit / Debit | <input type="checkbox"/> <i>In addition to our group registration fee, we wish to make a \$_____ donation to the Austin Power of Life 5K. If donating by credit/debit, the signature and card information above provides authorization for this additional charge. _____ [Initial]</i> | |

OFFICE USE ONLY:

Mail-In Walk-In | Date: _____ | No. of Groups: _____ | Method of Payment: _____ | Amount Received: _____

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GROUP MEMBER REGISTRATION & WAIVER

[Please provide email address in to receive pre-race updates]

GROUP NAME: _____

Name [First / MI / Last]: _____ Sex M F

Date of Birth: ____ / ____ / ____ Age [as of 9/24/16]: Email: _____

Day Phone: [_____] _____ - _____ Evening: [_____] _____ - _____ Land Line Mobile

Street Address: _____ Apt / Suite No. _____

City: _____ State: _____ Zip: _____

Physical Challenges *[if any]*: Visually Impaired Mobility Impaired Hearing Impaired Other: _____

| RACE DETAILS | SELECT T-SHIRT SIZE | |
|------------------------|---------------------------|---|
| <i>DISTANCE</i> | <i>YOUTH SIZE:</i> | <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large |
| 5k (3.1 Miles) | <i>ADULT SIZE</i> | <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X |

WAIVER: I, the undersigned participant (and my parent or guardian if I am younger than 18 years of age), intending to be legally bound, do hereby forever release and waive any and all rights, claims, and actions for damages that we, our heirs, executors, administrators, and assigns may have, or that may hereafter accrue against any and all persons, organizations, and other entities associated with the event, including, but not limited to Austin Power, sponsors, affiliates, volunteers, and individual race organizers, arising out of or in connection with my involvement before, during, or after the event. I verify that I am physically fit and sufficiently trained to participate in this event and I assume the risks involved in this activity. I further attest that I will be mindful of traffic along the race course, and hold said sponsors and organizers blameless in any harm that may happen. I also give my permission for the free use of my name and/or pictures in telecasts, broadcasts, newspapers, posters, advertising, etc. I agree that the statutes and laws of the State of Illinois, USA, will apply to all matters relating to this Agreement and Waiver

I HEREBY DECLARE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT IN ITS ENTIRETY, WITH THE INCLUSION OF THE WAIVER STATEMENT. BY MY SIGNATURE BELOW, I ASSENT TO ALL OF THE TERMS AND CONDITIONS CONTAINED THEREIN.

Participant Name [Print] _____ Signature *[if under 18, parent signature required below]* _____ Date _____

Parent / Guardian Name [Print] _____ Signature _____ Date _____

Emergency Contact Name _____ Contact No. [_____] _____ - _____ Relationship _____

OFFICE USE ONLY: Date: _____ | Bib No. _____

