

Austin POWER 5K Walk/Run - SATURDAY, SEPTEMBER 23, 2017

Register Online at www.AustinPower5K.com by noon on Sept. 22 • 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. 22 | 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 upon reaching 1,000 registered participants.

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

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

Date of Birth: ___ / ___ / ___ Age [as of 9/23/17]: Email: _____

Daytime Telephone: [_____] _____ - _____ Evening Telephone: [_____] _____ - _____

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	
DISTANCE	FEE	ADULT SIZE	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X
5k (3.1 Miles)	\$35.00		
PAYMENT TYPE	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit / Debit	If by Credit / Debit, provide: Card No. _____ Exp. Month / Year _____ / _____ Code No. _____ [see card rear] Registered Zip Code: _____ <input type="checkbox"/> I authorize the charge of \$ _____ to the credit / debit card listed above. 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"/> In addition to my registration fee, I wish to make a \$ _____ donation to the Austin Power of Life 5K. If donating by credit/debit, my signature and card information above provides authorization for this additional charge. _____ [Initial]	

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] _____ Date _____

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

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

OFFICE USE ONLY: Mail-In Walk-In | Date: _____ | Bib No. _____

