

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 upon reaching 1,000 registered participants.

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

TEAM NAME: _____

TEAM 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 for: 1 2 3 4 5 Other: _____ groups of 10 participants.

A separate Team Member Registration and Waiver Form is required for each team member at time of registration.

RACE DETAILS		PAYMENT TYPE	
DISTANCE	TEAM FEE		If by Credit / Debit, please 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 _____ / _____ Security No. _____ <small>[see rear of card]</small> Registered Zip Code: _____ <input type="checkbox"/> I authorize the charge of \$_____ to the credit / debit card listed above. Signature: _____ Date: _____

OFFICE USE ONLY:

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

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TEAM MEMBER REGISTRATION & WAIVER FORM

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

TEAM NAME: _____

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	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)		

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 CONTAINING THEREIN.

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

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

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

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



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