

Participant Registration

NAME _____

TEAM _____

ADDRESS _____

CITY,STATE,ZIP _____

PHONE _____

E-MAIL _____

DATE OF BIRTH _____

5k Run \$25

Children 12+under \$15

5k Walk \$25

Children 12+under \$15

Race day registration 13+older \$30

T-shirt size

Adult M L XL XXL

Youth M L

Please make checks payable to AEOF
or register online at

www.epilepsyoutreach.org

Mail registration and entry fee to:

AEOF

PO Box 31078

Chicago, IL 60631

Waiver: I know that running and/or walking a road race is a potentially hazardous activity. I assume all risks associated with running and walking in this event. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims and causes of action against the Forest Preserves District of Cook County, USATF, The American Epilepsy Outreach Foundation and the Change the Face Race affiliates, and all sponsors and individuals associated with the event, their representatives and successors, and assignees as a result of my involvement of said event, including pre and post race activities. I hereby grant permission to AEOF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any legitimate purpose, including commercial advertising. I have read and fully understand the foregoing and represent that the information provided is true.

Signature (required for participation)

Parent/Guardian signature (if participant is under 18 years)