



Bear Necessities Pediatric Cancer Foundation
55 W. Wacker Drive, Suite 1100 • Chicago, IL 60601
Phone 312-214-1200 • Fax 312-214-7797

Registration Form for Bear Necessities Runner
CARA's 2009 Bank of America Chicago Marathon Training Program
Training Starts on June 13, 2009

Name \_\_\_\_\_ CARA # \_\_\_\_\_

(ONLY if prior CARA member)

Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Gender ( ) M ( ) F Birth Date \_\_\_\_\_ Running Club \_\_\_\_\_

Training Pace: 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00
Run/Walk (L.incoln Park, Oak Forest & Wheaton only)

Shirt Size: XS S M L XL XXL

Location:

- ( ) Chicago - Downtown
( ) Chicago - Lincoln Park
( ) Chicago - Lincoln Park
( ) Chicago - Lincoln Park
( ) Chicago - Lincoln Park
( ) Darien
( ) Libertyville
( ) Niles
( ) Oak Forest
( ) Oak Forest
( ) St. Charles
( ) St. Charles
( ) Wheaton
( ) Wheaton

Session:

- Saturdays - 6:00 am
Saturdays - 6:00 am
Saturdays - 6:30 am
Sundays - 6:30 am
Saturdays - 6:30 am Run/Walk Program
Saturdays - 7:00 am
Saturdays - 6:45 am
Saturdays - 7:00 am
Saturdays - 6:50 am
Saturdays - 6:50 am Run/Walk Program
Saturdays - 7:00 am
Saturdays - 7:00 am Run/Walk Program
Saturdays - 6:45 am
Saturdays - 6:45 am Run/Walk Program

Please Note - NO PRORATES apply and NO REFUNDS can be issued for any reason, including injury, after a program begins. REGISTRATION IS NOT TRANSFERABLE. You cannot give your registration to another person. Registration fees must be paid before a program begins. Entry fee to the Bank of America Chicago Marathon is NOT included with the program fee. You must be 18 years or older to participate in CARA training programs.

Waiver (you must sign the waiver below)

In consideration of being permitted to participate in CARA's Training Programs, I do hereby, for myself and heirs and personal representatives, release and discharge the Chicago Area Runners Association, Bank of America, The Bank of America Chicago Marathon, Chicago Park District, Gatorade, NovaCare Rehabilitation, Goose Island Brewery, Fleet Feet Sports, and their affiliates, agents, employees, officers, directors, successors, assigns and all other persons connected with this program, from any and all liabilities on account of any injury, death or damage growing out of my participation, whether caused by their negligence or otherwise. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose, without monetary payment to me. I am physically fit and sufficiently trained to participate in this program and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_