



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 Summer Half Marathon Training Program
Training Starts on May 16, 2009

Name _____ CARA # _____
(ONLY if prior 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

Shirt Size: XS S M L XL XXL

LOCATIONS: Training Starts on May 17, 2009

- () Chicago - Lincoln Park Saturdays - 7:00 AM
() Chicago - Lincoln Park Saturdays Run/Walk - 7:00 AM
() Downtown Saturdays - 6:00 AM
() Oak Forest Saturdays - 6:50 AM
() Wheaton Saturdays - 6:45 AM
() Bartlett Sundays - 7:00 AM (Training Starts on May 17th)

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. Race entry fees are not included with CARA's training program fees. 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, 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 _____