

2010 NON-PARTICIPANT PACKET PICK-UP

In Order to have someone else pick up a packet on behalf of a participant the following must be completed:

Participant Last Name: _____ Participant First Name: _____

- Sign AND notarize the waiver below
- Provide a copy of the participant's photo ID
- Print the name of the individual picking up the packet below

Last Name

First Name

ALL PARTICIPANTS IN THE Chicago Half Marathon & 5K AND RELATED EVENTS ("Marathon") ARE REQUIRED TO ASSUME ALL RISK

OF PARTICIPATION IN THE MARATHON BY SIGNING THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT

The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of the Athlete's personal representatives assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue the City of Chicago, the Marathon, US Road Sport & Entertainment of Chicago, LLC, Vision Event Management, USATF and all municipal agencies whose property and/or personnel are used, and all other sponsoring or co-sponsoring companies or individuals related to the Marathon (collectively, "Releasees") from all liability to the Athlete and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damage(s) and any and all claims or demands therefore, on account of injury to the Athlete or property or resulting in the death of the Athlete, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with the Athlete's participation in the Marathon. The Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Marathon. The Athlete is fully aware of the risks and hazards inherent in participating in the Marathon and hereby elects to voluntarily compete in the Marathon, knowing the risks associated with the Marathon, including, without limitation, weather conditions such as high heat and/or humidity, traffic and the condition of the road, all such risks being known and appreciated by the Athlete. The Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Marathon. The Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures and other media without compensation. The Athlete acknowledges that the entry fee is non-refundable and non-transferable. In the event the Marathon is delayed or prevented by reason of fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, food, unavoidable casualty, acts of God or the elements (including, without limitation, hurricanes, tornadoes and earthquakes), or any other cause beyond the control of US Road Sports & Entertainment of Chicago, LLC or Vision Event Management, LLC, Chicago Park District and City of Chicago there shall be no refund of the entry fee or any other costs of the Athlete in connection with the Marathon. The Athlete hereby grants to the medical director(s) of the Marathon and his or her agents, affiliates and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. The Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing the Athlete to participate in the Marathon.

THE ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.

I authorize the person named above as my duly authorized representatives to pick up my race packet and / or material.

IF ATHELETE IS UNDER THE AGE 18: I am the parent or guardian of _____. I certify that my son/daughter has my permission to participate in the **CHICAGO HALF MARATHON 5K**. I have read and I understand the foregoing **RELEASE AND WAIVER OF LIABILITY AGREEMENT** (above) and by signing below intentionally and voluntarily agree to its terms and conditions and agree that its terms shall likewise bind me, my child, and our heirs legal representatives, and assignees. I further certify that my son/daughter is in good physical condition and is able to safely participate in the **CHICAGO HALF MARTHON AND 5K**. I herby authorize medical treatment for him/her and grant access to my child's medical record as necessary.

Signature of Applicant or Legal Guardian Date
For Participants under 18 years of age.

Notary Public Date

Notary Stamp Date