



2016 'Go Run Registration (Spring Series 5/21 – 7/9)

GENERAL INFORMATION

Name:	Age:	Birthdate:
Phone:	E-Mail:	
Address:		
City, State Zip:		
Emergency Contact:		Emergency Contact Phone:

Your Home Park (Check One)

Humboldt Park

Warren Park

Washington Park

Participants are not restricted to 'Go Runs at their chosen "Home Park".

Waiver and Consent

In consideration of being permitted to participate in the 'Go Run program (the "Event"), I do hereby, for myself and heirs and personal representatives, release and discharge the Chicago Area Runners Association, Chicago Park District, Gatorade, NovaCare Rehabilitation, Rehabilitation Institute of Chicago ("RIC"), including RIC physicians ("RIC Physicians"), and their affiliates, agents, employees, officers, directors, successors, assigns and all other persons connected with the Event, 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.

CONSENT TO ASSESSMENT BY REHABILITATION INSTITUTE OF CHICAGO PHYSICIANS IN CONNECTION WITH THE 'GO RUN PROGRAM

As a participant in the Event, and in consideration of being allowed to receive limited medical assessment and treatment recommendations from RIC Physicians in connection with the Event, I hereby agree to the following conditions:

1. I agree to allow RIC Physicians to conduct and perform a general non-invasive physical assessment, which may include the following: assessment and treatment recommendations for Event-related minor sprain/strain type injuries, and assessment of need for further care of other Event-related injuries, including but not limited to, calling EMS.
2. I agree to assume all risks and liabilities arising from or connected with the assessment by RIC Physicians. I understand that the assessment is not medical treatment. I also understand that the assessment is in no way a solicitation to receive services from RIC.
3. I hereby release and shall indemnify and hold harmless RIC and its agents, officers and employees from and against any and all liabilities, obligations, losses, injuries, claims, damages, costs and expenses including attorneys fees and costs of defense, arising out of or connected with injury, sickness, disease or death to persons or damage to property or consequential damages arising out of or in any way connected with my receiving an assessment by RIC physicians in connection with my participation in the Event.

I have read this statement and fully understand and agree to its contents.

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.

Registrants Name (Printed)

Signature (Parent or Guardian if under 18)

Date

'Go Run Use Only (Do not write here)