



549 W Randolph Street, Suite 704 • Chicago, IL 60661
Phone 312-666-9836 • Fax 312-781-1736

Registration Form Gait Analysis with Coach Bill Leach

Name _____ CARA # _____

Address _____

City, ST, ZIP _____

Home Phone _____ Work Phone _____

E-Mail _____

Gender () M () F Birth Date _____ Running Club _____

Please circle amount: (use the member fee if you are joining CARA when registering for this program)

CARA Member Fee - \$125 Non-Member Fee - \$160

CARA Membership – Join CARA and SAVE

I'm not a member, but I'd like to join CARA now. Please use the CARA Member Fee above, plus:

1-year individual – add \$44 2-year individual – add \$75

*1-year family – add \$65 *2-year family – add \$100

*If family membership, please include information for family members on a separate sheet of paper.

Grand Total \$ _____

Payment Method (make checks payable to CARA)

Circle one: Cash Check VISA MasterCard Discover AmEx

Credit Card # _____ Exp _____

Sec Code _____ (this number must be included to process your registration)

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. Your entry fee to any race you may participate in as a result of this training is NOT included. 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 or Coach Leach Training Programs, I do hereby, for myself and heirs and personal representatives, release and discharge the Chicago Area Runners Association, Coach Bill Leach, Accelerated Rehabilitation Center, Chicago Park District 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 _____