



# Participant and Sponsor Form

Please fax completed forms to Lizzie Ranshaw (847) 251-9184  
By January 18, 2009

Participant     Supporter

Name: \_\_\_\_\_

Team Name (if applicable): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*There is a minimum pledge of \$25. Please make checks payable to  
Special Children's Charities "March the Mart"*

Check (payable to Special Children's Charities)

Cash

Credit Card

Visa     Master Card     American Express     Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

**Waiver:**

I understand that I am joining with other participants in an effort to obtain donations for Special Olympics Chicago. In consideration of such donations, the efforts of the other participants, sponsors, and volunteers, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, for myself, my heirs, my executors, administrators, personal representatives, successors, and assigns, waive and release any and all rights, claims, or causes of action that I have or may have against Special Children's Charities, Special Olympics Chicago, Special Olympics Illinois, Chicago Park District, Chicago Public Schools, City of Chicago, Merchandise Mart Properties, Inc., Merchandise Mart L.L.C. and any and all sponsors, their representatives, parents, members, trustees, managers, affiliates, agents, employees and their successors, that may arise as a result of my participation in "March the Mart" to be held on January 19, 2009, as well as any related activities held prior to or after such event. In order that I be allowed to participate in such event, I represent to the sponsors and all other responsible parties that I understand the physical risks involved, that I am physically fit and that I have sufficiently trained for this event and that my physical condition has been verified by a physician licensed to practice medicine in the state of Illinois. I further represent that I am a legally competent adult, over sixteen years of age and under no physical or mental disability. Further, I hereby grant full permission to any and all of the above parties to use any photographs, motion pictures, videos, recordings or other reproductions of this event for any legitimate purpose, including commercial advertising. I shall at all times comply with any instructions given by the buildings' security guards or other officials.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

