

Aon Step Up for Kids Presented by KPMG 2023 Registration Form



ASSIGNED BIB NUMBER (Staff use): _____
Payment Method: Cash: ___ Credit Card: ___ Check: ___

REGISTRANT INFORMATION

First Name: _____ **M.I.** _____ **Last Name:** _____

Age: _____ **Date of Birth:** _____/_____/_____ (MM/DD/YYYY)

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Emergency Contact: _____ **Phone:** _____

CLIMB OPTIONS:

- Adult Full Climb – \$50 (*Participants over the age of 12*)
- Adult Half Climb – \$50 (*Participants over the age of 12*)
- Child Full Climb – No Fee (*Participants 12 and under*)
- Child Half Climb- No Fee (*Participants 12 and under*)

TEAM OPTIONS:

- Register as an individual**
- Join a team**
Team Name: _____
- Create a new team**
New Team Name: _____

PARTICIPANT WAIVER

A physical examination is not required for this event. However, all attendees participate at their own risk. If in doubt as to your physical condition, it is strongly recommended that you seek the advice of a competent physician.

In consideration of my participation in this event, I do hereby for myself, for my heirs, executors, administrators, successors and assigns hereby release and discharge the owners and managers of Ann & Robert H. Lurie Children's Hospital of Chicago, all governmental bodies or districts representing the area(s) in which the event is held, and all their respective officers, directors, employees, volunteers, agents and servants, from any and all claims, demand and cause of action of whatever nature which I, my heirs, executors, administrators, successors and assigns ever may have against any of them for, on account of, by reason of or arising in connection with my participation in this event and hereby waive any and all such claims, demand and causes of action.

I grant full permission to any and all of the foregoing to use and reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes.

I certify that I am physically fit and my physical fitness has been verified by a licensed medical doctor, and I am sufficiently trained to participate in this event and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

I am at least 18 years of age. (If you are under 18, you must have a parent or a legal guardian complete this form.)

I have carefully read this release and fully understand its contents. I have personal knowledge of the facts stated herein and I represent that they are true and correct. I have signed this release of my own free will.

Symptoms/COVID Exposure:

I understand and agree that I must not attend the event if I have any symptoms of COVID-19, including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea. I also agree that, if I have been in close contact with someone who was COVID-19 positive within ten days of the event, I will not attend.

I understand that requirements to attend the event may change based on updated public health guidance.

X

Signature of Applicant, Parent or a Legal Guardian

Date

*PLEASE COMPLETE BACK SIDE OF FORM!

BILLING INFORMATION *(If different from registrant information)*

First Name: _____ M.I. _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

PAYMENT INFORMATION

Payment Method: Credit Card Cash Check *(Checks should be made payable to Lurie Children's Foundation)*

Card Type: Discover Visa American Express MasterCard

Name on Credit Card: _____

Card Number: *(we can run your card at the registration desk)* _____ Exp: _____

Signature: _____ Date: _____

Please sign and return this form with payment to:

Lurie Children's Foundation
Step Up for Kids
225 East Chicago Avenue, Box 4
Chicago, IL 60611

Campaign: KIDSSKID23
Fund: RFAMSKIDS
Appeal: EVNTSTEP23
Package: STEPREG