



Mercy Hospital's 6th Annual

Walk for Life

Saturday, October 1, 2011
Mercy Hospital & Medical Center
2525 S. Michigan Avenue

9:00am Check-in/Registration
10:00am Walk for Life



Survivors, family, friends, and neighbors...

Join us on Saturday, October 1, 2011 for our Sixth Annual Walk for Life 5K (3.1 mile) beginning at Mercy Hospital through Chicago's South Loop. Share your story, meet new friends, win prizes, and make a difference in the fight against breast cancer.

IT'S EASY TO REGISTER!

Online www.mercywalkforlife.com

Register as an individual, virtual walker, and as a team online through Noon on Friday, September 30th.

Walk Day Registration is open for individuals on October 1st.

Individual Registration Complete the Individual Walk Registration Form (over), sign the waiver, and mail with your payment to: Walk for Life, Mercy Foundation, 2525 S. Michigan Avenue, Suite 240F, Chicago, IL 60616

By Phone 312.567.2114

SO MANY WAYS TO SHOW YOUR SUPPORT

Form a team, become a virtual walker, sponsor a walker, and more!

Each Year, We Grow Bigger & Better This year we are offering individual fundraising incentives and special prizes for the Highest Individual Fundraiser and the Highest Team Fundraiser. View incentives at mercyywalkforlife.com

REGISTRATION FEES

\$ 40 Adults, Aged 18-61

\$ 20 Students, Seniors (aged 62+), and Children (aged 6-17)

Children under 6 walk for free

Registration fees include a T-shirt and refreshments

QUESTIONS

For more information or questions on this year's walk, visit us online at www.mercywalkforlife.com or call the Mercy Foundation at 312.567.2114. See you at the Walk!



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Individual Registration Form

To register as an individual, visit www.mercywalkforlife.com or return this form to: **Walk for Life, Mercy Foundation, Inc., 2525 S. Michigan Avenue, Suite 240F, Chicago, IL 60616** or fax to 312.567.6717. For questions and more information, please call 312.567.2114.

Walker Information I am a Breast Cancer Survivor

Name

Address

City, State, Zip

Email

Phone

Registration Fees

- \$ 40 Adults, Aged 18–61
 \$ 20 Students, Seniors (aged 62+), and Children (aged 6–17)
 Children under 6 walk for free. Registration fees include a T-shirt.

Donation Only \$ _____

I would like more information on:

- Starting a Team Becoming a Virtual Walker Sponsorship

Payment Information

Please make checks payable to Mercy Foundation Inc. or charge your
 Visa MasterCard American Express Discover

Credit Card Number

Expiration Date

Billing Zip Code

Name as it appears on the card

Amount to Charge

Signature

T-shirt Information Please tell us what size T-shirt (included in registration fee). T-shirt will be distributed at event day check in.

- Small Medium Large X-Large 2XL* 3XL* 4XL*
 *\$2 additional charge

- I would like to order a Walk for Life coffee mug for an additional \$6.49.

Proceeds from this event will benefit the Mercy Comprehensive Breast & Women's Healthcare Center.

MERCY HOSPITAL'S ANNUAL WALK FOR LIFE WAIVER AND RELEASE OF LIABILITY (PLEASE READ CAREFULLY BEFORE SIGNING)

I wish to participate (or have my child under 18 years of age ("my child") participate) in Mercy Hospital's Annual Walk for Life (the "Event"). I understand that this WAIVER AND RELEASE is required in exchange for the right to participate in the Event. I understand that participation in the Event involves risks and dangers, including the risk of serious injury, death or property loss. I accept and assume full responsibility for all risks involved in the Event, including, but not limited to, those caused by my own (or my child's) physical condition, the conditions of the course, the acts, omissions or negligence of the Event organizers, staff, volunteers or other participants, or other accidents, illnesses or injuries. I acknowledge that I am (or my child is) physically capable of participating in and completing this Event. I accept my own (or my child's) responsibility to act safely at all times and to adhere to any rules, policies and instructions provided in connection with the Event. I further consent to medical treatment for myself (or my child), which may be deemed advisable in the event of injury, accident or illness during the Event.

I, for myself (or my child) and my (or my child's) executors, administrators, heirs, next of kin, successors and assigns, hereby agree to RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS, MERCY HOSPITAL AND MEDICAL CENTER and MERCY FOUNDATION, INC., and their respective members, directors, officers, employees, volunteers, agents, successors and assigns, FROM AND AGAINST ANY AND ALL INJURIES (INCLUDING PERSONAL INJURY, DEATH OR PROPERTY LOSS), LIABILITIES, DAMAGES, CLAIMS AND CAUSES OF ACTION ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY OWN (OR MY CHILD'S) PARTICIPATION IN THE EVENT, AS WELL AS ANY COSTS OR EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES OR MEDICAL BILLS, INCURRED IN CONNECTION WITH SUCH CLAIMS.

I understand that at the Event or related activities, I (or my child) may be photographed or filmed. I agree to allow Mercy Hospital and Medical Center and Mercy Foundation, Inc., and their respective employees, contractors, agents, sponsors, successors and assigns, to use my (or my child's) name, likeness or image, for any legitimate purpose worldwide in perpetuity in all forms of media.

If I am signing this WAIVER AND RELEASE OF LIABILITY as an adult participant, I state that I am 18 years of age or older and legally competent to sign this WAIVER AND RELEASE OF LIABILITY.

If I am signing this WAIVER AND RELEASE OF LIABILITY for my child (parents or legal guardians must sign for all Event participants under 18 years of age), I state that I am the parent or legal guardian of the minor participant signing this WAIVER AND RELEASE OF LIABILITY and that I am legally competent to sign this WAIVER AND RELEASE OF LIABILITY. I have discussed with my child the risks and responsibilities of participating in the Event and represent that my child is sufficiently mature to understand the responsibility to act safely and to abide by any rules, policies and instructions provided in connection with the Event.

I understand that these terms are contractual and not a mere recital. I have signed this document of my own free act. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER AND RELEASE OF LIABILITY BY READING IT BEFORE I SIGNED IT.

Participant's Printed Name

Signature

Parent's or Guardian
Signature if under age 18

Date

* ORIGINAL SIGNED WAIVER AND RELEASE MUST BE RECEIVED TO COMPLETE REGISTRATION-ELECTRONIC OR FAXED COPIES WILL NOT BE ACCEPTED