

Team Challenge

CROHN'S & COLITIS

Registration Form

Palos Bank Southwest Half Marathon
May 3rd, 2009



Illinois Carol Fisher Chapter
2200 East Devon Avenue, Suite 351
Des Plaines, IL 60018
Phone: 847-827-0404
Fax: 847-827-6563
www.ccteamchallenge.org



COMMITMENT AGREEMENT

ILLINOIS CAROL FISHER CHAPTER'S COMMITMENT

The Crohn's & Colitis Foundation of America will provide the following to TEAM CHALLENGE participants:

Guaranteed race entry into the Palos Bank Southwest Half Marathon (13.1 miles) Palos Heights, IL

- Free entry into the health fair on Saturday May 2nd
- Racer Goody Bag
- Palos Bank Southwest premium short-sleeved CoolMax shirt

Professional training and support through the Chicago Area Running Association (CARA)

- Training Membership starting at the end of February through the day of the event- valued at \$155
- Weekend group training runs at a variety of paces with friendly and knowledgeable Group Leaders to keep you motivated (locations include Oak Forest, Montrose, Naperville/Wheaton)
- Weekday evening informal group runs (alternate location in Palos Heights)
- Water and Gatorade provided at weekend runs
- 24 hour injury hotline
- An official CARA Winter Training Program long sleeve technical t-shirt
- A Kickoff Clinic to get you prepared for the first run!
- Discounts in other local events

Fundraising support including:

- An active.com fundraising page where friends and family can go to make secure online donations.
- A CD of Fundraising ideas and strategies to assist you in reaching your goal.
- Fundraising supplies including sample letters, donation proposal, etc.

Plus:

- The opportunity to race in honor of an individual with Crohn's or colitis.
- A Team Challenge racer jersey for the event.

TEAM MEMBER'S COMMITMENT

Each TEAM CHALLENGE Member commits to the following in order to receive all the benefits provided by the Crohn's & Colitis Foundation of America:

- Each Team Member is asked to train to run or walk the 13.1-mile half marathon for which you register.
- Each Team Member agrees to turn in set minimum fundraising requirements to the Crohn's & Colitis Foundation of America by the established deadline dates.

FUNDRAISING GOALS

To secure your position on the team, we will ask to you submit a credit card number, acknowledging that you will donate the difference between what you have raised and the goal, if you have not raised the goal by the final deadline date.

Event	Final Deadline	Fundraising Minimum
Palos Bank Southwest Half Marathon	April 27 th , 2009	\$650

Fund Raising Policies

- Each person who registers as a Team Member will be raising funds toward their personal goal. Funds raised will apply to benefits for one Team Member only. Please feel free to enlist friends to help you fundraise, but we only allow one person per fundraising campaign to receive program benefits. Friends and family may join the program as a separate Team Member.

TEAM CHALLENGE REGISTRATION FORM

1/4

Illinois Carol Fisher Chapter
2200 East Devon Avenue, Suite 351
Des Plaines, IL 60018
Phone: 847-827-0404 Fax: 847-827-6563

First Name: _____ Last Name: _____

Home Address/P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Employer: _____ Position/Title: _____

Company Address: _____

Active.com username and password (if applicable): _____

Are you already a member of CARA? (Chicago Area Runners Association)? Yes No

Sex: Male Female Birth Date: _____

Education (last completed): High School College Post Graduate

EVENT AND REGISTRATION INFORMATION

As a Team Challenge volunteer supporting the Crohn's & Colitis Foundation of America and its mission, I hereby agree to train for and participate in the following event, and to raise the designated fundraising goal by the final fundraising date.

Palos Bank Southwest Half Marathon- Palos Heights

May 3rd, 2009

Fundraising Goal: \$650

Final Fundraising deadline: April 27th 2009

Please choose one: Run Walk Run/Walk

Race Day Singlet: Men's Women's

Size: Small Medium Large X Large XX Large

****Please note that Jerseys run 1 size smaller than normal

CARA T-shirt and Palos Signature CoolMax shirt : Men's Women's

Size: Small Medium Large X Large XX Large

I have enclosed a check for my non-deductible / non-refundable \$50 registration fee

Please charge my credit card for \$50 registration fee:

Card Type: Visa Mastercard American Express

Card #: _____ Exp. Date: _____ V-code _____

Name as it appears on the card

Signature

RECRUITMENT INFORMATION

How did you hear of the Team Challenge program – please check all that apply:

Direct Mail

Radio (station) _____

Magazine Article

Newspaper article

Billboard

Racing Packet

Brochure / flyer (location) _____

TV (station) _____

Magazine Advertisement (Name of Magazine) _____

Newspaper Advertisement (Name of Newspaper) _____

Young Professionals Group

Other _____

Please send the completed forms via fax (847-827-6563), e-mail (mformas@ccfa.org), or mail (2200 East Devon Avenue, Suite 351, Des Plaines, IL 60018). Thank you!

Welcome to Team Illinois!

PARTICIPANT LIABILITY RELEASE/ CONSENT AND INFORMATION RELEASE

I, _____, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in the Crohn's & Colitis Foundation of America, Inc. ("CCFA") Team Challenge program (the "Program") and all of its activities including, but not limited to, training for and participating in the following event: **Palos Bank Southwest Half Marathon** (collectively, the "Event") at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in the Event.

In consideration of CCFA's sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless CCFA and its chapters, their Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the Program, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "CCFA"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from CCFA's negligence or otherwise (collectively, "Liabilities").

I also give permission to CCFA to freely use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event (the "Personal Release"). I understand that this Personal Release is perpetual in time and that it encompasses, without limitation, any copyright or right of publicity or privacy that I may have in my name, picture and voice.

Consent and Information Release ("Consent"): I hereby grant permission to CCFA to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to CCFA to use and disclose my personal health information ("PHI") in the ways described in this form. I allow CCFA to use my PHI as necessary for purposes related to my treatment. I also allow CCFA to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of CCFA.

This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of New York.

Date: _____
Signature of Participant

**Must be signed also by parent or legal guardian if the Participant is under age 18 on the date this Release and Consent is signed.*

I, the undersigned, hereby certify that I am the parent or legal guardian of the Participant, and as such and on behalf of myself and the Participant, I agree to the terms of this Release, including the Consent, on behalf of the Participant and I hereby, in accordance with the terms of such Release, release and hold harmless CCFA (as defined above) from all Liabilities (as defined above).

Date: _____
Signature of Parent/Legal Guardian

Please send the completed forms via fax (847-827-6563), e-mail (mformas@ccfa.org), or mail (2200 East Devon Avenue, Suite 351, Des Plaines, IL 60018). Thank you!

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PARTICIPANT MEDICAL, FITNESS AND EMERGENCY INFORMATION

Name _____

MEDICAL INFORMATION

Medical Insurance Company _____ Insurance ID# _____

FITNESS INFORMATION

Age Range: () 18-25 () 26-35 () 36-45 () 46-50 () 51-60 () Over 60 Date of Birth: _____

I currently engage in athletic/sports/fitness activities:

Daily 5-6 Days/week 3-4 Days/week 1-2 Days/week Almost Never

I have completed (state number completed):

____ Marathon(s) ____ Half-Marathon(s) ____ 10K(s) ____ 5K(s) ____ Century Ride(s) ____ Triathlon(s)

Please describe other races/tours/competitions completed _____

What fitness goals would you like to achieve with Team Challenge?

EMERGENCY INFORMATION

In case of emergency, please notify: _____

Relationship: spouse friend relative

Emergency contact phone: home: _____ work: _____

I am also aware that I must sign the Society's Liability Release form.

Signature _____ Date _____

HONORED TEAMMATES AND PERSONAL HEROS

Team Challenge is a symbol of determination and hope to raise money for research and services, to honor patients and their families, and to weave connections between all of us. As a member of Team Illinois, you may train in honor of your Personal Hero(s)

If you have a Personal Hero, please complete the following: (optional)

I will be participating in honor/ memory (please circle) of _____ my _____ (relationship)

What is your connection to this cause?

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Welcome to Team Illinois!



Fundraising Goal Commitment Form

As you know, when you registered for Team Challenge, you committed to raise the fundraising goal for your event in order to attend the half marathon as a Team Member. These minimums are set based on the program expenses to ensure that we keep our costs at no more than 25% of the funds raised. Thus, your commitment is extremely important, insuring the credibility of the fundraising program to all of our donors.

In accordance with our mutual commitment, you must secure your place on the Team. We need to have a MasterCard, VISA or American Express credit card number on file. We **WILL NOT** do anything with your credit card number at this time other than keep it in a confidential file. At the final fundraising deadline date, (April 27th 2009) if you have not raised your total fundraising goal, we will charge your credit card the remaining fundraising balance.

Please understand, we need this assurance to continue to incur program costs and secure race registration on your behalf. If you feel unsure about your fundraising, please call your Team Challenge staff person to evaluate your fundraising progress and get help in developing a successful course of action.

I am submitting my credit card number to guarantee my place on the Team. I authorize the Crohn's & Colitis Foundation of America to charge this card for any balance remaining on my total fundraising goal at my 100% fundraising deadline date.

Signature: _____

Name as it appears on card (Please print): _____

Phone Number: _____

Address: _____ City: _____

Zip: _____

Circle One: MasterCard VISA American Express

Card #: _____ Exp. Date: _____

Security Code _____

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