

**LOYOLA AIDS WALK**  
**Saturday, September 12, 2009**

**Undergraduate Registration Form**  
**Registration Form**

(To register online, go to [www.luc.edu/aidswalk](http://www.luc.edu/aidswalk))

Please print clearly.

_____		_____	
First Name		Last Name	
_____		_____	
Street Address Apt or Unit	City, State	Zip Code	
_____ - _____ - _____		_____ (essential to receive updates)	
Phone	E-mail Address		
_____	_____		
Sex	_____ - _____ - _____	Age on 9-12-09	
	_____	_____	
T-shirt Size (circle one):	S	M	L XL XXL

Undergraduate Students must use a separate form.

**Registration Fee : \$15.00**

Cash  Rambler Bucks  Check (Please make checks payable to *Loyola University Chicago*. Sorry, no refunds.)

All Loyola University Chicago Registration Forms must be returned to the (1) Information Desk, Centennial Forum Student Union at LSC, (2) HUB, Sullivan Center for Student Services, LSC or, (3) the Student Services Hub, First Floor, 25 E Pearson, WTC by **5:00 p.m., Tuesday, September 8, 2009** accompanied with the \$15.00 registration fee. Online registration may continue later.

WAIVER: I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the City of Chicago, the Chicago Park District, Loyola University Chicago, and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to CSEM and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including recording any other record of my participation in this event for any purpose. There will be a \$30.00 fee for all returned checks. Sorry no refunds.

**CONSENT FOR PHOTO / PROMOTIONAL RELEASE**

I, the undersigned, hereby authorize Loyola University Chicago and its affiliates and subsidiaries, as well as their trustees, directors, officers, agents, and employees (hereinafter collectively referred to as Loyola), and/or authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media (1) To obtain background information, whether general or educational. (2) To record the participation and/or appearance on video tape, audio tape, film, photograph or any other medium; and/or, (3) To use the name, likeness, and/or voice in connection with the information and recordings identified in numbers 1 and 2 above; I also authorize Loyola, and/or authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media to duplicate, distribute, use and/or publish, in whole or in part, without restrictions or limitations, and in all mediums, including, but not limited to, magazines, newspapers, periodicals, radio, television, the World Wide Web, and other news and educational media, the information and recordings identified in numbers 1-3 above. I further expressly release Loyola and the authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media from any and all claims, demands, liabilities, actions, causes of action, suits, and costs whatsoever that I/we may have against any of them in connection with the recording, duplication, distribution, use, and/or publication of the information and/or recordings identified in numbers 1-3 above.

I certify that I am an undergraduate student at Loyola University Chicago.

\_\_\_\_\_  
Participant's Signature Date

\_\_\_\_\_  
Guardian's signature of registrant is under 18 years of age. Date

LUC Office Use Only:			
Date received _____	Cash _____	Check (# _____)	Rambler Bucks _____ Received by _____