



2020 Bank of America Chicago Marathon
Commitment and Waiver Form
Charity Registration

First Name Middle Initial Last Name

Mailing Address

Mailing Address 2 (Suite/Apt./Unit No.)

City U.S. State of Residence Zip/Postal Code

Date of Birth Age (Participants must be 16 or older) Gender (M/F)

E-mail (required) Phone Number (required)

Shirt Size (gender specific)

Additional Athlete Information

of Half Marathons # of Marathons Returning LuMind IDSC runner?

FUNDRAISING REQUIREMENTS

As a LuMind IDSC runner, I pledge to raise a minimum of \$1,750 in support of LuMind IDSC Funds must be collected by me on or before December 31st, 2020. Any shortfalls in overall fundraising will be accounted for on this date.

Initials

INJURIES, ILLNESSES, BIB TRANSFER, AND DEFERRMENT

Guaranteed entry into the 2020 Bank of America Chicago Marathon by way of a charity CANNOT be deferred, donated, refunded, or transferred. By signing this waiver, you are committing to raise the \$1,750 fundraising minimum regardless of injury, illness, or any other unforeseen circumstance that may prevent you from participating in the 2020 Bank of America Chicago Marathon on race day.

Initials

RACE DETAILS

I acknowledge that the 2020 Bank of America Chicago Marathon requires all participants to be 16 years of age or older on race day. I am aware that there is a course net time limit of six and a half hours (6:30:59), and that early starters are not allowed. Finally, I understand that all race participants must be present to show a government-issued photo ID in order to pick up their own Participant Packet at the Abbott Health & Fitness Expo.

Initials

Please note that individuals are NOT guaranteed entry into the 2020 Bank of America Chicago Marathon by completing and submitting this Commitment and Waiver form. Guaranteed charity entries are LIMITED and will be filled on a case by case basis. When the number of spots allotted to LuMind IDSC Runners is depleted, entry through this process may no longer be available. If selected for guaranteed entry through LuMind IDSC Runners, runners are responsible for registering for the race on their own and paying all race registration fees.

Initials



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2020 BANK OF AMERICA CHICAGO MARATHON PARTICIPANT WAIVER AND RELEASE

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS EVENT. I certify that I am physically fit, sufficiently prepared for participation in the event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Event.

In consideration of permitting me to participate in this Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of LUMIND IDSC a non-profit corporation, and its officers, directors, board members, employees and agents (collectively LuMind IDSC), for my personal injury, death or disability, property damage, property theft, or actions of any kind which may hereafter occur to me while participating in this Event.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE LUMIND IDSC from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of LuMind IDSC, or one of its sponsor partners or otherwise. I acknowledge that LuMindIDSC is not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting the Event on behalf of LuMind IDSC.

(C) The Participant understands that, except as otherwise agreed to by LuMind IDSC, in writing, LuMind IDSC does not carry or maintain health, medical, or disability insurance for any Volunteer.

(D) I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this Event.

(E) I understand that I may be photographed during this Event and it related activities, and I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by LuMind IDSC, sponsors, organizers, and assigns.

This waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT FREELY.

Print Participant's Name Age Signature Date