

Registration Form



Sunday, October 4, 2009
Lincoln Park/Diversey Harbor • Chicago, Illinois
5K Run – 10:00 AM / 5K Walk – 10:10 AM

First Name _____ Last Name _____
Street Address _____ Apt. or Unit _____
City _____ State _____ Zip _____
Phone (primary) _____ Phone (secondary) _____
E-mail Address _____ Team Name (if applicable) _____

Gender Male Female Age on October 4, 2009 _____
How did you hear about us: E-mail Web-site Family/Friend Radio/TV Print ads Other

Progressive Supranuclear Palsy (PSP) is a neurodegenerative brain disease that affects nerve cells that controls walking, balance, mobility, vision, speech, and swallowing.

Please choose the closest affiliation you have to PSP:

- I have been diagnosed with PSP
- I have/had a family member with PSP
- I am a caregiver for someone with PSP
- I have a friend with PSP
- I do not know anyone with PSP

I am interested in information about:

- Advocating for people affected by PSP
- Other volunteer opportunities with CurePSP
- Including CurePSP in my will, trust or estate plan
- More information about PSP
- Other: _____

Entry Fees

Adults
 Runner Walker Volunteer **\$30** \$ _____
Kids 4-12
 Runner Walker **\$10** \$ _____
Kids under 4
 Walker Only **Free** Free
Enclosed is my personal donation of:
 \$25 \$50 \$100 Other \$ _____ \$ _____
TOTAL PAYMENT \$ _____

CASH, CHECK or CREDIT CARDS Accepted

Please make checks payable to:
Society for PSP

T-shirt size

- Youth/Medium
- Small Medium Large
- X-Large XX-Large XXX-Large

All registered participants will receive an event t-shirt

Visa MasterCard American Express
Credit Card # _____ Security Code # _____

Expiration Date _____ Signature as it appears on card _____
Month/Year

Release and Waiver of Liability and Indemnity Agreement

I know that walking and/or running a road race is potentially hazardous activity. I should not enter to walk or run 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 agree to assume full responsibility for all risks associated with walking or running in this event, including but not limited to: falls, contact with other participants, effects of the weather, traffic and conditions of the route or road. All such risks are acknowledged and appreciated by me. Having read this Release and Waiver and knowing these facts and in consideration of this entry, I hereby release, waive, discharge and covenants not to sue for myself, heirs, executors and administrators and waive any and all claims I may have for any loss, liability, damages, or costs against Judy's 5K Run/Walk, CurePSP (Society for Progressive Supranuclear Palsy), City of Chicago, Chicago Park District and all sponsors and individuals associated with the event, their representatives and successors, and assigns for any and all injuries suffered by me in the connection with this event, including pre- and post-event activities. I agree to indemnify and save and hold harmless the releases and each of the above-mentioned entities/individuals. I have read this Release and Waiver of Liability and Indemnity Agreement and voluntarily sign it. Further, I hereby grant permission to Judy's 5K Run/Walk and their authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any lawful purpose.

Participant Signature _____ Date _____

If under 18, Parent or Guardian's Signature _____ Date _____

If paying by cash or check,
Mail your registration form to:
K.M. Speca
Society for PSP
Executive Plaza III, Suite 906
11350 McCormick Road
Hunt Valley, MD 21031

If paying by credit card,
Fax your registration form to:
Focused Health Solutions
847 282 3587