



An Affiliate of the
CANCER SUPPORT COMMUNITY

Team Gilda Runner Commitment Form Shamrock Shuffle

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Date of Birth: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____

Is this your first Race? Y/N If No, how many races have you participated in? _____

Do you participate in any other sport endurance events? Y/N if Yes, what kind? _____

Fundraising Commitment Waiver

If I have not raised \$200 for the Bank of America Shamrock Shuffle by March 26, 2023, I hereby authorize Gilda's Club Chicago to charge my credit card, identified herein the difference between the amount raised on my site and the fundraising commitment. In the event of injury, health issue or any unforeseen circumstances, I am still committed to the fundraising minimum. I am also aware that I must separately register into the Bank of America Shamrock Shuffle and that the entry is not transferrable and may not be deferred to another year.

Credit Card #: _____

Expiration Date: _____

Signature: _____

Waiver

I know that training for and walking or running a road race is a potentially hazardous activity. I attest and verify that I am physically fit and that, if appropriate, my physical fitness to participate as a member of the Gilda's Club Chicago Team Gilda Runners' team has been verified by a licensed medical doctor. I assume all risks associated with training for and participating in the Bank of America Shamrock Shuffle on March 26, 2023. as a member of the Gilda's Club Chicago Team Gilda, including but not limited to tripping and falling, injury or death, contact with other participants, the effects of weather, traffic and road conditions. In consideration of allowing my participation on the Team Gilda team, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigners, waive any and all rights, claims and causes of action I have or may have against Gilda's Club Chicago, Cancer Support Community, other affiliates throughout North America, all sponsors, contractors and volunteers, their representatives and successors arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons or entities named in this waiver. I grant permission to Gilda's Club Chicago and Cancer Support Community to use any photographs, motion pictures, recordings, or any other record of me participating with the Gilda's Club Chicago Team Gilda Runners and/or Bank of America Shamrock Shuffle for any legitimate purpose.

Name (please print): _____

Signature: _____

Date: _____