



An Affiliate of the
CANCER SUPPORT COMMUNITY

Team Gilda Runner Commitment Form

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Date of Birth: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____

Are you interested in participating in the free Marathon Training Program provided by Chicago Endurance Sports? Y/N

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

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

T-shirt Fit ☐ Men's ☐ Women's T-shirt Size ☐ Small ☐ Medium ☐ Large ☐ X-Large

Fundraising Information

Minimums:

- Fundraising minimum for runners registered before the marathon drawing on December 7, 2023: \$1,250.00
- Fundraising minimum for runners registered after the marathon drawing on December 7, 2023: \$1,750.00

Milestones:

- 20% of the fundraising minimum (\$250.00 or \$350.00) must be raised in the first three months after signing this commitment form.
- 100% of the fundraising minimum (\$1,250 or \$1,750.00) must be raised by the fundraising deadline of October 31, 2024

Fundraising Commitment Waiver

By registering for Team Gilda, I recognize that I am obligated to meet the above fundraising criteria by the aforementioned dates. If I have not raised the applicable milestone amount and the remaining total by the dates listed above, 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 commitments. 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 Chicago Marathon and that the entry is not transferable, refundable or may not be deferred to another year.

Credit Card #: _____

Expiration Date: _____ CVV: _____

Signature: _____



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Waiver

I understand that registering for Team Gilda requires that I fundraise and raise awareness for Gilda's Club Chicago, which provides free support for anyone impacted by cancer. I will notify Team Gilda of any changes in address, email, phone number, participation, etc. changes so that my contact and participation information is current.

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 Chicago Marathon on October 13, 2024. 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 Chicago Marathon for any legitimate purpose.

I understand my commitment to Team Gilda and understand that **there is no cancellation policy once registered for the team should any unplanned circumstances arise that would prevent my participation in my intended race.**

Name (please print): _____

Signature: _____

Date: _____