



Register by Aug 19 to be guaranteed a walk t-shirt
 * \$25 per person
 * \$35 day of walk (so register early!)

Registration Form

Walker Information

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (with area code) _____

E-mail Address _____

Adult T-shirt Size: M L XL

Child T-shirt Size: M L XL

Enclosed is my \$25 registration fee.

Additional Information

My Company has a Matching Gift Program. Please attach your company's Matching Gift Form along with registration fee.

Company Name _____

I am a Team Leader Team Name _____

I cannot attend, but enclosed is my donation of \$ _____.

I want to be involved in March for Metropolis next year.

I want to be involved in other Metropolis volunteer opportunities.

WAIVER

In consideration of being permitted to participate in the March for Metropolis Fundraising Walk on September 19, 2009 in Arlington Heights, Illinois ("Walk"), I hereby acknowledge and agree as follows:

I understand there may be risks and dangers inherent in participating in the Walk. I have no physical or medical condition which would endanger myself or others or would interfere with my ability to safely participate in the Walk.

I grant Metropolis, and its licensees and sponsors, the right, permission, and authority to use my name and likeness in connection with the Walk for any purpose related to the advertising or promotion of the Walk or Metropolis, in any form of media now and forever known, in perpetuity, and waive any rights to future compensation arising from same.

I HEREBY, ON BEHALF OF MYSELF AND MY SUCCESSORS AND ASSIGNS, ASSUME ALL RISKS RELATING TO MY PARTICIPATION IN THE WALK AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND RELEASE FROM LIABILITY PERFORMING ARTS AT METROPOLIS, AND ITS AGENTS, OFFICERS, DIRECTORS, VOLUNTEERS, MEMBERS, SPONSORS, AFFILIATES AND SUCCESSORS, AND THE VILLAGE OF ARLINGTON HEIGHTS, from any and all claims, causes of action, damages, losses (economic and non-economic), liabilities, fees (including without limitation attorneys fees) and expenses of every kind, including, without limitation, death, personal injury, property damage, and/or THEFT, which may arise out of my participation in the WALK.

If any provision of this Waiver shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver and shall not affect the validity and enforceability of any remaining provisions.



I have carefully read this Waiver and fully understand its contents. I am aware that this is a release of liability and I agree of my own free will.

Participant Signature: _____ Date: _____

Participant Print Name: _____

Signature of parent or guardian is required if participant is under 18 years of age:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Return this signed waiver/release form with your registration form.

This form must be submitted PRIOR to participating in the WALK on September 19, 2009. Participants WITHOUT a signed Waiver/Release Form will not be allowed to participate in the Walk.

