

WEBSITE

www.myastheniagravis.org

REGISTER ONLINE

Visit www.firstgiving.com/MGFIllinois

ABOUT THE WALK

Family-Friendly Walk & Kids' Dash

Sunday, June 5, 2016

Registration begins at 8:00 a.m.

Walk begins at 8:30 a.m.

This is an untimed walk.

WHERE

Berens Park, 493 Oaklawn Avenue

Elmhurst, IL 60126

REGISTRATION FEE

\$30 per person

\$35 on walk day

\$10 per child under age 12

QUESTIONS? Call 800-888-6208 or email

info@myastheniagravis.org

REGISTRATION

Complete page 2 of this form if you have more than one walker. Each walker must be registered and provide a waiver signature!

Name: _____

Team (if you have one): _____

Address: _____

City: _____

State: _____ ZIP: _____

Daytime Phone: _____

Email: _____

PAYMENT (Mail this form with your check made payable to MGF of Illinois, 275 N. York St., Suite 401, Elmhurst IL 60126.)

_____ Adults - \$30 each (\$35 on walk day)

_____ Children under age 12 - \$10 each

I'd like to donate a little extra. It's included in my check.

I cannot attend the walk, but I'd like to support your efforts to eliminate MG. My donation of \$ _____ is enclosed.

I'd like to volunteer for the walk. Reach me by (check one): phone email

T-SHIRTS

For YOURSELF (Guaranteed and in your size if we receive your response by May 10, 2016.)

Please check one:

- Don't want a t-shirt
- Youth – M Men's LG Men's 3X
- Men's SM Men's XL
- Men's Med Men's 2X

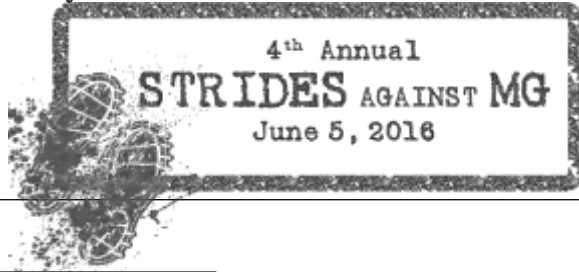
Waiver & Release. By signing this form, I am registering for the Strides Against MG Walk. I acknowledge that a walk event is a potentially hazardous activity. I understand that neither MGF of IL nor any of the other sponsors, groups or individuals involved in this event make any representation or warranties about the condition of the public park used for the event, and I agree these parties are not responsible for the park's maintenance or condition for the public safety thereon. I certify that I am able to participate in the Strides Against MG event without harm to myself or others. In consideration of the acceptance of this entry, I do hereby for myself and anyone entitled to act on my behalf, waive, release and discharge MGF of Illinois, its officers and staff members, and all other sponsors and participants from any and all liabilities arising out of my participation in this event

I grant full permission for MGF of Illinois and sponsors to use photos, videos, film, quotes, or any record of this event in which those I am registering may appear for any legitimate purpose.

I also certify that I am at least 18 years old and competent to agree to this waiver OR I am the legal guardian of the registrant(s) and sign this waiver on their behalf.

Signature: _____

Date: _____



Additional Walkers - Page 2

Complete this page if you have more than one walker.

IMPORTANT: Each walker must be registered and sign the waiver!

Team (If you have one): _____

(Check one)	NAME	WAIVER/RELEASE SIGNATURE (SEE Page 1)	T-Shirt Size (Circle one)
<input type="checkbox"/> Adult <input type="checkbox"/> Youth	1. _____	Signature: _____	Youth/M SM Med LG XL 2X 3X
	Address: _____		
<input type="checkbox"/> Adult <input type="checkbox"/> Youth	2. _____	Signature: _____	Youth/M SM Med LG XL 2X 3X
	Address: _____		
<input type="checkbox"/> Adult <input type="checkbox"/> Youth	3. _____	Signature: _____	Youth/M SM Med LG XL 2X 3X
	Address: _____		
<input type="checkbox"/> Adult <input type="checkbox"/> Youth	4. _____	Signature: _____	Youth/M SM Med LG XL 2X 3X
	Address: _____		
<input type="checkbox"/> Adult <input type="checkbox"/> Youth	5. _____	Signature: _____	Youth/M SM Med LG XL 2X 3X
	Address: _____		
<input type="checkbox"/> Adult <input type="checkbox"/> Youth	6. _____	Signature: _____	Youth/M SM Med LG XL 2X 3X
	Address: _____		