

HIKE FOR LUNG HEALTH

Sunday, September 16, 2018

MY INFORMATION (PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

E-MAIL _____ Age _____ MALE FEMALE

T-SHIRT SIZE Youth Adult Small Adult M Adult L Adult XL Adult XXL

Would you like to receive and incentive prize (if you qualify?) Yes No

Have you or someone close to you been affected by of lung disease or lung health concerns?

- Yes, Asthma Yes, COPD (Chronic Bronchitis or Emphysema) Yes, Lung Cancer
 Yes, Smoking Yes, Other _____ No, I have not been Affected by Lung Disease

Which charity partner do you want your fundraising efforts applied towards?

- RHA Bernie Mac Foundation Chicago Asthma Consortium Chicago Southside Sarcoidosis
 Christopher D. Redding Youth Asthma Foundation IL Food and Allergy Education Association
 Mobile CARE Foundation Second Wind Lung Transplant Association

I WOULD LIKE TO WALK. I WILL:

- Start my own team. I will serve as the team captain. Total due =\$15**

Team Name _____
Team Fundraising Goal \$ _____

- Join an Existing Team. Total due = \$15**

Team Name _____ Team Captain _____

- Walk as an Individual. Total due = \$15**

***Event Day Registration- \$20 per individual**

I WILL WALK AT THE FOLLOWING SITE:

- Chicago (Lincoln Park) Virtual Walker

I WOULD LIKE TO MAKE AN ADDITIONAL DONATION

- \$100 \$50 \$25 \$ _____

TOTAL AMOUNT DUE: _____ Payment Type: Check Visa MasterCard American Express Discover

Check/Credit Card Number: _____

Exp. Date: _____ Security code: _____

Cardholder's Name: _____

I hereby waive all claims against the Respiratory Health Association, Chicago Park District, Hike for Lung Health sponsors, volunteers, Board of Directors, walk partners, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs or video of me and quotations from me in legitimate accounts and promotions of this event. For Hike for Lung Health participants under 18 years of age, parental permission is required.
Signature (Parent/guardian's signature if under 18 years of age): _____

Please return this form to: Respiratory Health Association • Attn: Hike for Lung Health
1440 W. Washington Blvd. • Chicago, IL 60607 • Questions? Call (312) 628-0223