



300 W Adams, Suite 611, Chicago, IL 60606
Phone 312 543 5793 • Fax 312 794 7425
www.milesformagic.org
Email: suewalton@milesformagic.org

Pre-Close Registration Form for Miles For Magic Charity Team
2012 Bank of America Chicago Marathon • Chicago Half Marathon • Any Personal Challenge
Please complete & sign. Then fax back or mail to address in upper right hand corner.

Name _____
Address _____
City, ST, ZIP _____
Home Phone _____ Work Phone _____
E-Mail _____
Gender () M () F Birth Date _____ Running Club _____
How did you hear about us? _____

Charity Commitment Statement

The Miles For Magic Charity Team reserves the right to revoke any individual's right to participate in the program if the charity team member does not fulfill the minimum fundraising requirements or otherwise harms the reputation of the Miles for Magic program.

I, _____, certify that if I do not raise the minimum \$500 in contributions required by October 1, 2012, the Open Heart Magic Miles For Magic running program will charge the Charity team member's credit card for the remaining balance due. In the event that I get injured, I will assume full responsibility for fulfilling the fundraising requirements outlined.

In consideration of being permitted to participate in Miles for Magic, I do hereby, for myself and heirs and personal representatives, release and discharge the Miles for Magic and Open Heart Magic and their affiliates, agents, employees, officers, directors, successors, assigns and all other persons connected with this program, from any and all liabilities on account of any injury, death or damage growing out of my participation, whether caused by their negligence or otherwise. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose, without monetary payment to me. I am physically fit and sufficiently trained to participate in this program and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

Signature _____ Date _____

Method of Payment (Please circle one)

Mastercard Visa American Express

Name on card: _____ Card Number: _____

Expiration date: _____ Security Code: _____

Signature _____ Date _____

Miles For Magic Technical T-shirt size for training and race day (Please circle one)

Shirt Size - Unisex: S M L XL XXL Ladies cut: S M L XL (sizes run small)
Tank Size - Unisex: S M L XL XXL



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Select Program (Please check one)

Bank of America Chicago Marathon (October 7, 2012): ()

Chicago ½ Marathon (September 9th, 2012): ()

Personal Challenge (ANY 5k, 10k, ½ marathon, marathon, triathlon): ()

Describe: _____

Training & Rewards (Please check one)

No training program options

No, I am on my own: ()

No, I am on my own but will raise \$750 in fundraising by October 1, 2012 to receive the Miles for Magic Road Crew Support Package: ()

T-shirt size _____ T-shirt size _____

Chicago Area Runner's Association Training options

* Yes, I want to train with CARA & will raise \$750 in fundraising or more by October 1, 2012 to receive the CARA training and membership at no cost: ()

Full Marathon ()

½ Marathon ()

****Please complete the CARA Training Registration.***

Please Note - NO PRORATES apply and NO REFUNDS can be issued for any reason, including injury, after a program begins. REGISTRATION IS NOT TRANSFERABLE. You cannot give your registration to another person. Registration fees must be paid before a program begins. Entry fee to the Bank of America Chicago Marathon or Chicago ½ Marathon is **NOT** included with the program fee. You must be 18 years or older to participate in the Miles For Magic running program.



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CARA's 2012 Summer Marathon Training Program Registration Form

Name _____ CARA # _____

Address _____

City, ST, ZIP _____

Home Phone _____ Work Phone _____

E-Mail _____

Gender () M () F Birth Date _____ Running Club _____

Charity - _____

Training Pace: 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00
 11:30 12:00 **Run/Walk 11:30 **Run/Walk 12:00

**Run/Walk is Downtown, Montrose, Oak Forest & Wheaton only

Shirt Size: XS S M L XL XXL

Location:

- () Chicago - Beverly
- () Chicago - Downtown
- () Chicago - Montrose
- () Chicago - Montrose
- () Chicago - Montrose
- () Darien
- () Libertyville
- () Niles
- () Oak Forest
- () Wheaton

Session:

- Saturdays - Time TBD
- Saturdays - 6:00 am
- Saturdays - 6:00 am
- Saturdays - 6:30 am
- Sundays - 6:30 am
- Saturdays - 7:00 am
- Saturdays - 6:45 am
- Saturdays - 7:00 am
- Saturdays - 6:50 am
- Saturdays - 6:45 am

Please Note - NO PRORATES apply and NO REFUNDS can be issued for any reason, including injury, after a program begins. REGISTRATION IS NOT TRANSFERABLE. You cannot give your registration to another person. Entry fee to the Bank of America Chicago Marathon is **NOT** included with the program fee. You must be 18 years or older to participate in CARA training programs.

Waiver (you must sign the waiver below)

In consideration of being permitted to participate in CARA's Training Programs, I do hereby, for myself and heirs and personal representatives, release and discharge the Chicago Area Runners Association, Bank of America, Open Heart Magic, The Bank of America Chicago Marathon, Chicago Park District, Gatorade, NovaCare Rehabilitation, Goose Island Brewery, Fleet Feet Sports, and their affiliates, agents, employees, officers, directors, successors, assigns and all other persons connected with this program, from any and all liabilities on account of any injury, death or damage growing out of my participation, whether caused by their negligence or otherwise. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose, without monetary payment to me. I am physically fit and sufficiently trained to participate in this program and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

Signature _____

Date _____



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CARA's 2012 Summer Half Marathon Training Program Registration

Name _____ CARA # _____

Address _____

City, ST, ZIP _____

Home Phone _____ Work Phone _____

E-Mail _____

Gender () M () F Birth Date _____ Running Club _____

Charity - _____

Training Pace: 7:00 7:30 8:00 8:30 9:00 9:30 10:00 10:30 11:00
 11:30 12:00 **Run/Walk 11:30 **Run/Walk 12:00
 **Run/Walk is Downtown, Montrose, Bartlett, Oak Forest & Wheaton only

Shirt Size: XS S M L XL XXL

- Location:**
 Chicago - Downtown
 Chicago - Montrose
 Bartlett
 Libertyville
 Oak Forest
 Wheaton

- Session:**
 Saturdays - 6:00 am
 Saturdays - 6:45 am
 Saturdays - 7:00 am
 Saturdays - 6:45 am
 Saturdays - 6:50 am
 Saturdays - 6:45 am

Please Note - NO PRORATES apply and NO REFUNDS can be issued for any reason, including injury, after a program begins. REGISTRATION IS NOT TRANSFERABLE. You cannot give your registration to another person. Entry fee to the Rock n' Roll Chicago Half Marathon and the Chicago Half Marathon are **NOT** included with the program fee. You must be 18 years or older to participate in CARA training programs.

Waiver (you must sign the waiver below)
 In consideration of being permitted to participate in CARA's Training Programs, I do hereby, for myself and heirs and personal representatives, release and discharge the Chicago Area Runners Association, Bank of America, Open Heart Magic, Rock n' Roll Chicago Half Marathon, Chicago Half Marathon, Chicago Park District, Gatorade, NovaCare Rehabilitation, Goose Island Brewery, Fleet Feet Sports, and their affiliates, agents, employees, officers, directors, successors, assigns and all other persons connected with this program, from any and all liabilities on account of any injury, death or damage growing out of my participation, whether caused by their negligence or otherwise. I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose, without monetary payment to me. I am physically fit and sufficiently trained to participate in this program and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me.

Signature _____

Date _____