

Chicago Lakefront 50k
George Cheung Memorial Race
Saturday, April 8, 2017, 7:30 a.m.

Last Name _____ First Name _____ M. I. _____

Street Address _____

City _____ State / Province _____

Zip / Postal Code _____ Country (If not USA) _____

Phone Number (____) _____ e-Mail Address _____

Sex M/F _____ Birthdate (mm/dd/yy) _____ T-shirt Size S M L XL

Number Of Previous Ultramarathons _____ Fastest 50K _____

Number Of Previous Chicago Lakefront 50Ks _____

Where did you find out about this race? _____

Entry Fee (Please circle one)

| | |
|----------------------------|------|
| Through Jan 31, 2017 | \$45 |
| Feb 1 – Apr 5, 2017 | \$55 |
| April 7 & 8, 2017 | \$65 |

Please make checks payable to **Chicago Ultramarathons LLC**

Mailing Address: Chicago Ultramarathons LLC, 20 Jonathan, Lake Zurich, IL 60047

THIS IS AN IMPORTANT WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING. THIS IS AN IMPORTANT WAIVER OF LIABILITY. READ CAREFULLY BEFORE SIGNING! In consideration of your accepting this entry and other good and valuable consideration the receipt and adequacy of which I hereby acknowledge, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my successors, assignees, heirs, executors and administrators, forever waive, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against the Chicago Lakefront 50K George Cheung Memorial Run (the "Event"), Chicago Ultramarathons LLC, the Chicago Park District, the City of Chicago, the State of Illinois, the Event race directors, all Event volunteers, all sponsors of the Event, both now and hereafter, and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assigns, for any and all injuries, illness or other harm suffered by me during, or as a result of, the Event. I understand that there are no refunds if the Event is canceled, if I cannot attend the Event, or for any other reason. The Event race directors reserve the right to cancel the Event and shall not be liable for any actual or consequential damages. I attest that I am physically fit and have sufficiently trained for the completion of the Event and that my physical condition has been certified by a licensed medical doctor. I am aware that running can be a dangerous activity, and that I am responsible for taking precautions for the possibility of running in warm, cold, or other extreme weather conditions, running on uneven surfaces, or any other potentially hazardous conditions. I will abide by the decision of any race official and the rules of Chicago Ultramarathons LLC. I also agree to abide by any decision of an appointed race official or medical official relative to my ability to safely continue or complete the Event. I further assume, and will pay, my own medical and emergency expenses in case of an accident, illness or incapacity regardless of whether I have authorized such expenses. I am over 17 years old. I hereby grant permission to Chicago Ultramarathons LLC to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising. I have read this waiver carefully and understand it.

Date: _____

 Signature of Applicant

Please note that you will NOT be mailed a confirmation packet.