Greater Chicago Food Depository
25th Annual Hunger Walk
Registration Form

(**Required**: Bring this completed form to the Hunger Walk on June 26, 2010, at Soldier Field)

Please Print Clearly

Type of Walker □ Team Carrot (General Public)
□ Agency Agency Number: _____
□ Walking Team Team Name: _____

First Name _____ Last Name _____ Phone ( ) _____

Address _____ Apt. _____

City _____ State _____ Zip _____ Donation $ _____

E-mail _____

Event Waiver

In consideration of my participation in the Hunger Walk, I hereby assume all risks associated with the Hunger Walk and hereby release and agree to hold harmless the Greater Chicago Food Depository, event sponsors, the Chicago Park District and their respective employees, directors, officers, representatives, agents, successors, assigns and affiliates ("GCFD and its agents") from any and all liability, actions, claims, damages, losses and/or injuries, including but not limited to loss or injury to property or to person, that I, my beneficiaries, administrators, and executors have, had or may have in the future, arising from or relating in any way to: (i) my participation in the Hunger Walk, including as a result of other participants and the weather; or (ii) any use of my name, photograph or likeness, as authorized below, including without limitation, for libel or any distortion or alteration of my photograph or likeness.

I hereby grant GCFD and its agents the right to take my picture and to use my name, photograph and likeness for advertising, trade or other purposes, without further compensation or permission. I hereby assign any rights I may have in the photographs and acknowledge that GCFD and its agents shall own all rights, title and interest in any materials created, and I waive any right I may have to further inspect or approve of such materials.

Signature _____ Date _____

Parental/Guardian Waiver and Consent *(Required if Participant Is a Minor)*

By signing below, I acknowledge that I have read or have had read to me and understand the contents of this Event Waiver, expressly grant the child or children whose name(s) is/are represented below permission to participate in the Hunger Walk, and agree that the terms of the Event Waiver shall be binding on me and any children named on this form.

Parent/Legal Guardian's Signature _____ Date _____

Children's Full Names (First and Last Name)

1. _____ 2. _____

3. _____ 4. _____