



**Waiver and Commitment Form**  
*for the 2019 Bank of America Chicago Marathon*  
**Application for Acceptance into Guaranteed Block of Runners for**  
**Bank of America Chicago Marathon Charity Program**

Thank you for your interest in joining the Windy City Angels on behalf of the Angelman Syndrome Foundation! Please read, review and initial the Waiver and Commitment Form.

As a Windy City Angels team member in the 2019 Bank of America Chicago Marathon, I understand and agree to the following:

**Fundraising Requirements (please initial)**

\_\_\_\_\_ As a Windy City Angels team member I will set an ASF minimum fundraising goal of \$2,500 to support all families served by The Angelman Syndrome Foundation. I will do my best to achieve (or exceed!) at least that amount.

\_\_\_\_\_ I also understand that the Windy City Angels team is an important fundraising initiative of the Angelman Syndrome Foundation, and if I run in the Bank of America Chicago Marathon and my best fundraising efforts do not result in at least \$2,000 being raised, by October 31, 2019, **Angelman Syndrome Foundation is authorized to charge any shortfall to my credit card appearing on the bottom of this waiver.**

*The Angelman Syndrome Foundation will provide fundraising guidance and online tools to help you meet (or exceed!) your individual fundraising goal.*

**Injury Clause (please initial)**

\_\_\_\_\_ In the event that I must withdraw from the race for any reason, I understand that I am still responsible for raising half of the ASF minimum fundraising amount of \$2,500 (or a total of \$1,250). In the event of injury, I will provide the ASF with notice signed by my medical doctor.

**Acknowledgements (please initial)**

\_\_\_\_\_ I acknowledge that the ASF has a fundraising minimum of \$2,500 with a target goal of \$5,000 per runner

\_\_\_\_\_ I acknowledge that, **if approved, my guaranteed entry cannot be deferred, transferred or rescinded**

\_\_\_\_\_ I acknowledge that registering for the event is a separate expectation

\_\_\_\_\_ I acknowledge that if injured, I will not participate in the marathon, but will still fundraise

\_\_\_\_\_ I acknowledge that the ASF will provide a) running shirt with Windy City Angels logo; b) team support and national fundraising efforts to help me reach my goal; c) dinner the night prior to the marathon; d) Access to a hotel block for my stay, with hotel cost being my own responsibility; e) \$300 towards my fundraising efforts.

**Waiver and Release of Liability (please initial)**

\_\_\_\_\_ I acknowledge that I have voluntarily agreed to participate as a Windy City Angels runner in the 2019 Bank of America Chicago Marathon. I agree that I and/or my heirs, guardians, legal representatives, successors, distributors, and assignees will not make a claim against, sue, attach the property of, or prosecute the Angelman Syndrome Foundation or any of its affiliated organizations, staff, Board or agents for any losses, injury, death or property damage occurring to me as a result of my participations (either directly or indirectly) in any of the activities related to training and running with Windy City Angels whether caused by negligence of ASF or otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Billing Address (if different) \_\_\_\_\_  
(Street) (City) (State) (Zip)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit Security Code: \_\_\_\_\_

**Please print this form, fill it out, sign it and return it via email or U.S. mail to: [kmurphy@angelman.org](mailto:kmurphy@angelman.org) or Angelman Syndrome Foundation, Attention: Kitty Murphy, 75 Executive Drive, Suite 327, Aurora IL 60504**