

Chicago Walkers Club – Long Distance Group



NAME _____ AGE: _____
ADDRESS _____ Date of Birth _____
CITY _____ STATE _____ ZIP _____ SEX M ___ F ___
TELEPHONE _____ CWC Member Yes No

WAIVER: In consideration of being allowed to participate in any or all of the walking or running the events listed below, I hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages I may hereafter have against the Chicago Walkers Club, its members and officers, event organizers, sponsors, officials and their representatives for any injuries I may suffer by reason of my participation in such event or events. I further certify that I am mentally and physically fit to participate in any and all of these events.

SIGNATURE _____ DATE _____
(If under 18 yrs. of age, signature of parent is required)

1/2/11	Holiday City Walk	8/7/11	Morraine Hills
2/6/11	Fullersburg Woods	9/11/11	Fox River
3/6/11	Bemis Woods	10/23/11	Starved Rock
4/3/11	Morton Arboretum	11/6/11	Waterfall Glen
5/1/11	Highland Park	12/4/11	Botanic Gardens
6/5/11	Chicago River		
7/7/11	Prairie Path		

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