

**PLEASE READ CAREFULLY:**

*In order to be registered for the 2019 Bank of America Chicago Marathon, **you must complete and email this four page contract to [marathon@latinospro.org](mailto:marathon@latinospro.org)**. Slots will be filled on a first-come, first-served basis, so please try to submit the contract as soon as possible.*

*Upon submission of the contract, please be on the lookout for further registration steps.*

**PERSONAL INFORMATION**

Participant's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile phone #: \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Home city: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Company name: \_\_\_\_\_

Job title: \_\_\_\_\_

Emergency contact name and #: \_\_\_\_\_

Dri-Fit racing shirt size: \_\_\_\_\_

Special medical conditions (if not applicable, write N/A): \_\_\_\_\_

Does your employer match charitable donations?    Yes \_\_\_\_\_    No \_\_\_\_\_

**LIABILITY WAIVER**

I, the undersigned participant, agree to indemnify and hold harmless Latinos Progresando from all cost, expense, and liability arising out of my participation in the Run for Latinos 2019 Bank of America Chicago Marathon team. I do hereby waive all claims for damage or loss to my person or property which may be caused by any act or failure to act, by Latinos Progresando, its officers, agents, or employees arising directly or indirectly from my participation in this event. I hereby assume liability for any loss, damage, or other liability from such event.

I give Latinos Progresando permission to obtain and reproduce any picture or video of me to use in any and all media, exclusively for the purpose of marketing. (A parent or legal guardian is required to sign below, *in addition to and on behalf of the participant*, if the participant is under the age of 18.)

I understand that registering for the Bank of America Chicago Marathon is separate from any Team Latinos paperwork. I understand that entries are non-refundable, non-transferable and may not be donated to future years.

Participant's signature: \_\_\_\_\_

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

IF APPLICABLE

Parent/Guardian's signature: \_\_\_\_\_

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

**CREDIT CARD AUTHORIZATION**

I am committing to raise a minimum of \$1,250 for Latinos Progresando (LP) as part of my charity guaranteed entry to the 2019 Bank of America Chicago Marathon.

I acknowledge that, based on the Bank of America Chicago Marathon guidelines, my 2019 charity guaranteed entry is non-transferrable and cannot be deferred to subsequent years, even in the case of an injury.

**In the event that Latinos Progresando has not received \$1,250 from my fundraising by October 31, 2019, I understand that I will make my own donation to reach this minimum goal. I therefore permit Latinos Progresando to charge my credit card on October 31, 2019 for the difference between my fundraising total and \$1,250 if my fundraising total is less than \$1,250.**

**I understand there will be no refunds for any reason, and that I will still be required to fundraise \$1,250 even if I am unable to run the Chicago Marathon due to injury or any other personal reason.** If I am, for any reason, unable to participate in the 2019 Bank of America Chicago Marathon, all money raised will remain with the charity named above and cannot be counted toward a future race entry.

**I have read the Credit Card Authorization terms carefully and understand my commitment to raise \$1,250 by October 31, 2019.**

Participant's name: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type (circle one)    

Credit card #: \_\_\_\_\_ CC: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on card (if different from participant's name): \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

The following signature authorizes Latinos Progresando to charge the credit card number above, solely for the purposes of the 2019 Bank of America Chicago Marathon. The credit card information above will be securely destroyed immediately after processing. Please provide a credit card that has an expiration date later than October 31, 2019.

Card holder's signature: \_\_\_\_\_ Date: \_\_\_\_\_