



National **Kidney** Foundation<sup>®</sup>

of Illinois

## Team Kidney Commitment Form

Thank you very much for your commitment to Team Kidney and the National Kidney Foundation of Illinois. To join Team Kidney, please complete this form and return it to Heidi Merritt at [hmerritt@nkfi.org](mailto:hmerritt@nkfi.org), fax 312-321-1505 or 215 West Illinois Street, Suite 1C, Chicago, IL 60654. Please call 312-321-1500 with questions.

NKFI Event: 2022 Bank of America Chicago Marathon (10/09/2022)

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Previous Fundraising Experience: \_\_\_\_\_

## Credit Card Authorization

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_

Exp.: \_\_\_\_\_

Code: \_\_\_\_\_

I authorize the NKFI to charge my charge for the difference between the fundraising minimum and what I have raised, as of October 14, 2022 at 5:00pm CST.

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

**By signing the Waiver & Contract below, I state that I have read and understand the following:**

I am a part of Team Kidney for the 2022 Bank of America Chicago Marathon and I understand that Team Kidney runners have a minimum fundraising requirement of \$1,500 if I register during the drawing period, and \$1,750 if I register after the drawing is complete. The National Kidney Foundation of Illinois [NKFI] will pay my entry fee, and I acknowledge that Charity guaranteed entries cannot be deferred. I also acknowledge that registering for the Bank of America Chicago Marathon is separate from any team paperwork. I understand that by joining Team Kidney I agree to raise the minimum fundraising amount by signing this waiver.

I understand that funds raised are vital in supporting the NKFI's mission. I understand that if I do not raise the fundraising requirement by Friday, October 14, 2022 at 5:00pm CST, that the difference to the minimum fundraising level will be charged to the credit card I provide to the NKFI on this form. I understand that if I turn in additional donations that bring me to the fundraising minimum prior to Wednesday, November 2, 2022, I will have the option to request a refund to my credit card. I understand that by committing to the team I will be responsible for meeting the fundraising minimum regardless of injury or if I choose not to participate in the event.

The National Kidney Foundation of Illinois' Team Kidney involves running - an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the National Kidney Foundation of Illinois' Team Kidney and related activities.

It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the National Kidney Foundation of Illinois, Inc., National Kidney Foundation, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, including the Chicago Park District, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities including bus or vehicle transportation as provided by the Walk or its sponsors - whether it results from the negligence of any of the above or from any other cause.

I authorize the National Kidney Foundation and its sponsors to publish the photographs and/or video images taken of me or which I may be included, and my name, for use in editorial, trade, advertising, printed publications and websites in any manner or medium and to alter the same without restrictions and to copyright the same. I acknowledge that since my participation in such publications produced from this event is voluntary, I will receive no financial compensation for the use of these photographs or video images.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

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

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

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