



American Brain Tumor Association  
**BRAIN TUMOR PATH TO PROGRESS**  
 35 Years of Sharing Hope Along the Way  
 5K Run/Walk

**SATURDAY**  
**APRIL 26, 2008**  
 10:00 a.m. Start Time  
**Montrose Harbor - Chicago**  
*Pre-register at [www.abta.org](http://www.abta.org) by noon on April 24, 2008.*

The Path to Progress is a CARA Registered Race

**OFFICIAL REGISTRATION FORM • 3rd ANNUAL BRAIN TUMOR PATH TO PROGRESS**

One form per participant (photocopies accepted). Please print clearly to guarantee accurate and proper input of information. Mailed entries must be postmarked by April 14, 2008. Unsigned entries will not be accepted; sorry, no refunds.

**Register online at [www.abta.org](http://www.abta.org) – Better, Faster, Easier!!**

FIRST NAME										LAST NAME													
STREET ADDRESS																				APT OR UNIT			
CITY										STATE		ZIP				SEX		AGE ON 4-26-08					
PHONE (Primary)				PHONE (Secondary)				T-SHIRT		YOUTH MEDIUM		S	M	L	XL	XXL	XXXL						
E-MAIL ADDRESS (for registration confirmation and event updates)																							
TEAM NAME, IF APPLICABLE																							

Please make checks payable to ABTA/Path to Progress  
**Send to:** ABTA/Path to Progress, 2720 River Road,  
 Des Plaines, IL 60018. Sorry, no refunds.

OR, I am paying by Credit Card:

VISA  MasterCard  AMERICAN EXPRESS  DISCOVER Expiration Date \_\_\_\_/\_\_\_\_

Credit Card Number

**Fax Registration form to (847)827-9918 by April 14, 2008**



The Chicago Area Runners Association (CARA) is a non-profit organization devoted to expanding, motivating, supporting and celebrating the running community of Chicagoland. CARA connects runners to resources that enable them to run - further, faster, better, for life.

Due to CARA's advocacy efforts, runners in the Chicago area enjoy some of the highest quality road races in the country. This race has partnered with CARA and, on behalf of its runners, has agreed to comply with and uphold CARA's road race standards. The object of CARA's Race Standards is accuracy, safety and comfort for runners. To view those Standards and to learn more about CARA, visit [www.cararuns.org](http://www.cararuns.org).

	EVENT FEE	AMOUNT ENCLOSED
<b>Pre-Event</b>		
<input type="checkbox"/> Runner <input type="checkbox"/> Walker	\$25	\$ _____
<b>CARA Member</b>		
Member # _____	\$23	\$ _____
<b>Kids 4-12 Pre-Event</b>		
<input type="checkbox"/> Runner <input type="checkbox"/> Walker	\$10	\$ _____
<b>Kids Under 4</b>	<b>FREE</b>	
<input type="checkbox"/> Walker Only		
<b>Brain Tumor Patient/Survivor</b>	<b>FREE</b>	
<input type="checkbox"/> Runner <input type="checkbox"/> Walker		
<input type="checkbox"/> Please accept this donation		\$ _____
<b>TOTAL PAYMENT</b>		\$ _____

*All registered participants will receive an event t-shirt and duffel bag.*

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

I know that walking and/or running a road race is a potentially hazardous activity. I should not enter to walk or run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I agree to assume full responsibility for all risks associated with walking or running in this event, including but not limited to: falls, contact with other participants, effects of the weather, traffic and conditions of the route or road. All such risks are acknowledged and appreciated by me. Having read this Release and Waiver and knowing these facts and in consideration of this entry, I hereby release, waive, discharge and covenants not to sue for myself, heirs, executors and administrators and waive any and all claims I may have for any loss, liability, damages, or costs against American Brain Tumor Association (ABTA), JMC Partners, City of Chicago, Chicago Park District, Chicago Area Runners Association and all sponsors and individuals associated with the event, their representatives and successors, and assigns for any and all injuries suffered by me in connection with this event, including pre- and post-event activities. I agree to indemnify and save and hold harmless the releases and each of the above mentioned entities/individuals. I have read this Release and Waiver of Liability and Indemnity Agreement and voluntarily sign it. Further, I hereby grant permission to ABTA and their authorized agents to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any lawful purpose. If I have participated in the chip timing portion of the event and did not return my chip on the day of the event or within 7 days of the event to Accu-Split, 2808 Harmony Dr., Bettendorf, IA 52722, I will be charged an additional \$30.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_