



# Bank of America Chicago Marathon

## Post-Close Commitment

### ***Fundraising Requirements and Registration Acknowledgement:***

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As a Team CF Superhero, I will set a minimum fundraising goal of \$2,000 and agree to raise at least that amount to help support the mission of the Cystic Fibrosis Foundation. If I fail to reach this commitment by Monday, November 13, 2017 the Cystic Fibrosis Foundation is authorized to charge any remaining pledge balance to my credit card as provided on this form.

Furthermore, I acknowledge that I must also register through the Bank of America Chicago Marathon and select the option to run for a charity. I will assume the cost of \$195, which is not included in my fundraising goal of \$2,000. I understand my bib is not refundable, transferable or deferrable to another year.

Runner initials: \_\_\_\_\_

### ***Injury Clause:***

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If I am unable to run in the Bank of America Chicago Marathon because of injury (or for any other reason), I accept responsibility for raising at least \$1,000 for the Cystic Fibrosis Foundation.

I agree to the injury clause in recognition of the fact that I am using one of the Cystic Fibrosis Foundation's valuable drawing entries that has a minimum value to the CFF of \$2,000 if used by a participating "non-injured" runner in the Marathon.

Runner initials: \_\_\_\_\_

### ***Publicity Clause:***

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I give permission to the CFF to use any pictures, video footage, etc. that is taken at this event to use in future promotional materials. When you attend this Cystic Fibrosis Foundation event, you enter an area where photography, audio and video recording may occur. By entering the event premises, you consent to such recording media and its release, publication, exhibition, broadcasting or reproduction to be used for news, web casts, promotional purposes, telecasts, advertising, and inclusion on websites. You further waive all rights that you may have to any claims in connection with any exhibition, streaming, web casting, televising, or other publication of these materials, regardless of purpose or sponsoring of such exhibiting, broadcasting, web casting or other publication.

Runner initials: \_\_\_\_\_

### ***Waiver and Release of Liability:***

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I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation from all cost, expense and liability arising out of my participation in the event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or property which may be caused by any act or failure to act, by the Cystic Fibrosis Foundation, its officers, agents or employees arising directly or indirectly from my participation in this event and I hereby assume liability for any loss, damage or other liability from such event.

I understand that participants under the age of 16 are not permitted to participate in the Bank of America Chicago Marathon. Any participant between the ages of 16 and 18 years old ("Minor") must be given permission by an adult during the Chicago Marathon's registration process, and a parent/legal guardian must sign a Team CF waiver specifically for the Minor. I, as the Minor's legal guardian, hereby waive and release any claims or causes of action that Minor or I may now or hereafter have against the Cystic Fibrosis Foundation arising out of Minor's participation in the Event. I represent that Minor is at least 16 years old.

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

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

### ***Runner Information:***

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

I am running for (cf connection, if applicable): \_\_\_\_\_

Goal Finish Time: \_\_\_\_\_ Jersey Size (DriWicking, runs small): (Mens/Womens) \_\_\_\_\_

This will be my \_\_\_\_\_ full marathon, my \_\_\_\_\_ Chicago Marathon and my \_\_\_\_\_ time running with Team CF Superheroes.

Employer: \_\_\_\_\_ My company has matching gift program: Y or N



# CREDIT CARD AUTHORIZATION FORM

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

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

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

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

Visa     MC     AMEX     Discover

Last 4 digits:
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*This signature authorizes the Cystic Fibrosis Foundation to charge the credit card number below on the stated date of 11/13/2017 for any outstanding balance on the agreed fundraising commitment of \$2,000.*

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Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

*The credit card information on the bottom part of this form will be securely destroyed immediately after processing. Please ensure the credit card provided is valid through 12/2017.*