

**HIKE  
FOR  
LUNG  
HEALTH**



## COMMITMENT & REGISTRATION FORM Sunday, September 25, 2011

- YES!** I will show my commitment to the fight against lung disease by Participating in the Hike for Lung Health and raising funds to support the Respiratory Health Association of Metropolitan Chicago.
- YES!** I agree to meet with an Event Manager to create a fundraising plan and get started!

### MY INFORMATION (PLEASE PRINT)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Age \_\_\_\_\_  MALE  FEMALE

T-SHIRT SIZE  Small  Adult M  Adult L  Adult XL  Adult XXL

Would you like to receive an incentive prize (if you qualify?)  Yes  No

Where did you hear about Hike for Lung Health? \_\_\_\_\_

Have you or someone close to you been affected by lung disease or lung health concerns?

- Yes, Asthma  Yes, COPD (Chronic Bronchitis or Emphysema)  Yes, Lung Cancer  
 Yes, Smoking  Yes, Other \_\_\_\_\_  
 No, I have not been Affected by Lung Disease

### MY EMPLOYER MY EMPLOYER HAS A MATCHING GIFTS PROGRAM

COMPANY \_\_\_\_\_

**I WOULD LIKE TO WALK. MY PERSONAL FUNDRAISING GOAL IS: \$ \_\_\_\_\_. I WILL:**

- Start my own team. I will serve as the team captain. Total due = \$10**

Team Name \_\_\_\_\_

Team Fundraising Goal \$ \_\_\_\_\_

- Join an Existing Team. Total due = \$10**

Team Name \_\_\_\_\_ Team Capt \_\_\_\_\_

- Walk as an Individual. Total due = \$10**

**I WILL WALK AT THE FOLLOWING SITE:**

- Chicago (Lincoln Park)  Virtual Walker

**I AM UNABLE TO WALK, BUT I WOULD LIKE TO:**

- Make a Donation of:  \$100  \$50  \$25  \$ \_\_\_\_\_  Volunteer on Walk Day

**TOTAL AMOUNT DUE:** \_\_\_\_\_ Payment Type:  Check  Money Order  Visa  MasterCard  American Express  Discover

Check/Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

I hereby waive all claims against the Respiratory Health Association of Metropolitan Chicago, its sponsors volunteers, walk partners, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event. For Hike for Lung Health participants under 18 years of age, parental permission is required.

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

**(Parent/guardian's signature if under 18 years of age)** \_\_\_\_\_

**Please return this form to:** Respiratory Health Association of Metropolitan Chicago • Attn: Hike for Lung Health  
1440 W. Washington Blvd. • Chicago, IL 60607 • Fax: (312) 377-6896 • Questions? Call (312) 628-0210



**RESPIRATORY HEALTH ASSOCIATION**<sup>SM</sup>  
of Metropolitan Chicago