American Diabetes Association.
TeamDiabetes.

Chicago/Northern IL Office
55 E. Monroe, Ste. 3420
Chicago, IL 60603

COMMITMENT AGREEMENT & RELEASE AND INDEMNIFICATION

Commitment Agreement:

We are excited that you are a 2015 Chicago Marathon Team participant for the American Diabetes Association (the "Association"). We appreciate your help in achieving our goal of building healthier lives, free of diabetes. As such, you commit to raising at least $1,500 (the "Fundraising Minimum") for the Association. We set the Fundraising Minimum to cover program costs so that we maximize the dollars contributed to fund research, education, advocacy and public awareness programs.

Please complete the following to secure your spot as a 2015 Team Diabetes Chicago Marathon Team participant.

We require 50% ($750) of the Fundraising Minimum no later than 10 days prior to your event and 100% ($1,500) no later than 30 days after your event. If you have not met these respective deadlines, we will charge the credit card you designate. If you have turned in these amounts by the respective Deadline, we will charge your credit card the difference between what you have raised. For example, if before the event you have turned in $500, we will charge your card $250. If 30 days after the event you have turned in $1,000, we will charge your credit card $500.

If you are unable to run in the Chicago Marathon because of injury or any other reason, by signing this form you commit to raise at least $750 for the Association. If you have already raised more than $750, all donations raised in the Association's name must be submitted to the Association and remain with the Association.

Thank you for joining Team Diabetes®.

PLEASE RETURN THIS FORM ASAP, your spot is not guaranteed until we receive your fully completed commitment form. The marathon entries are very valuable and in high demand. Thank you in advance for your understanding.

Name (Please print):_____

Credit Card Information (on file with the Association office): ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Credit Card Number _____ Exp. Date: _____/_____ CVV Sec. Code: _____

Name as it appears on card _____ Date: _____

Billing Address _____City, State, Zip Code_____

Phone Number_____Email Address:_____

Cardholder's Signature (by signing, I agree to the above conditions) _____

I WILL BE PARTICIPATING IN THE FOLLOWING EVENT(S):

☐ Bank of America Chicago Marathon, October 11, 2015, $1,500 fundraising minimum

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Release and Indemnification:

The 2015 Team Diabetes Marathon program involves running long distances, walking long distances, strength training, stretching – as well as other potentially hazardous activities which may include risks such as, but not limited to, falls, contact with other participants, sports injuries, serious bodily injuries, effects of weather, traffic, exposure to cold and heat. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury, fatalities, and other physical injury arising out of my participation in 2015 Team Diabetes Chicago Marathon and related activities, as well as any activities involved in training for or otherwise preparing for such event.

It is my responsibility to provide and properly use clothing and shoes suited to running and/or walking, and to ensure that all clothing and equipment are properly fitted and appropriate for my use in this event. Although refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I understand that it is my responsibility to consult with a physician to determine my fitness to engage in these activities. 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 American Diabetes Association, Inc., its Affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities -- whether it results from the negligence of any of the above or from any other cause.

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Illinois 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.

Participant's Signature:_____
Printed Name:_____
Date: _____

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Parent/Guardian's Signature: _____
Printed Name:_____
Date:_____

PLEASE RETURN THIS FORM TO:

American Diabetes Association
55 E. Monroe Street
Suite 3420
Chicago, IL 60603
Email: teamdiabeteschicago@diabetes.org
Fax: 312-346-5342