

Get in SHAPE

PRE-EVENT REGISTRATION FORM

Get in SHAPE! Chicago • Senior Health & Fitness Walk

Wednesday, May 28, 2008

Location: Soldier Field, Chicago, IL

Pre-Event registration deadline: May 9, 2008 Cost \$7.00

On-site registration: 9:00am - 10:00am Cost \$10.00

Fitness Walk: 10:00am - 1:00pm

Pre-Determined Sites:

Chicago Department of Senior Services Regional Centers (in Chicago):

1. Northeast Center
2019 West Lawrence
2. Northwest Center
3160 North Milwaukee Ave.
3. Central West Center
2102 West Ogden Avenue
4. Southeast Center
1767 East 79th Street
5. Southwest Center
6117 South Kedzie Avenue
6. Renaissance Court
Chicago Cultural Center
78 E. Washington Street

Chicago Park District and Senior Satellite Locations (in Chicago):

7. Columbus Park
500 South Central Avenue
8. Portage Park
4100 North Long Drive
9. Robichaux Park
9247 South Eggleston Ave.
10. West Town/Logan Square
1613 West Chicago Avenue
11. Austin Senior Satellite
5071 West Congress Parkway
12. Abbott Park Senior Satellite
49 East 95th Street
13. Englewood Senior Satellite
653-657 West 63rd Street
14. Southwest Side Senior Organization
5672 South Archer Avenue

Bus Request:

Groups of 25 or more not utilizing a pre-determined site: call Chelly at (312) 337-8563 to discuss transportation options! Bus request deadline is May 9, 2008.

Public Transportation:

CTA 312.836.7000

SHAPE Questions?

Phone: 312-996-2275

Fax: 312-413-9835



Getting to the Event:

CAR:

Parking in the South Lot (short walk to registration) or in the Waldron Parking Deck (close to registration)

BUS:

For bus transportation to and from the event, please select one of the pre-determined site locations below and arrive there no later than 9:00 a.m. If you select more than one location you will not receive transportation. Include your choice of location by writing the location number on the registration form.

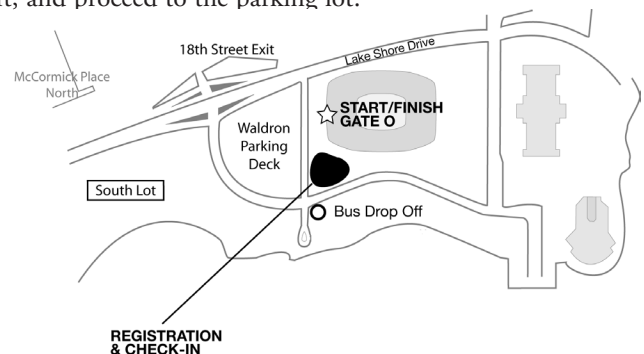
Directions:

North:

If heading North on Lake Shore Drive, exit at 18th street, turn right, and proceed to the parking lot.

South:

If heading South on Lake Shore Drive, exit at 18th street, turn left, and proceed to the parking lot.



Please, fill out Registration Form on the reverse side

Get in SHAPE

**Official Pre-Event
Registration Form
Deadline
IMPORTANT
May 9, 2008**

**It is very
important
that you
fill out this
form as
completely
as possible.**

Thank you.

*Get in SHAPE! Chicago
Senior Health & Fitness Walk*

Wednesday, May 28, 2008

Location: Soldier Field, Chicago, IL

Name _____
Street Address _____
City, State, Zip _____
Home Phone (____) _____
Email Address _____

Emergency Contact Name _____
Emergency Contact Phone Number (____) _____

If participating in a group, please list:

Name of Group _____
Group Leader's Name _____
Group Leader's Home Phone Number (____) _____
Group Leader's Address _____
Group Leader's City, State, Zip _____
Group Leader's Work Phone Number _____

Transportation:

How will you be getting to the event?

- Pre-determined site location number _____
 Car (parking lot)
 Requested Bus (for groups of 25+ not utilizing a pre-determined site)

Pre-Register by May 9: \$7.00
Make check payable to: UIF SHAPE

Send this form and check for
\$7.00 (POSTMARKED by 5/9!),
payable to UIF SHAPE, to:

**Camille Fabiyi
Get in SHAPE! Chicago
Center for Research on Health and Aging
1747 West Roosevelt Road
Suite 558 (MC 275)
Chicago, IL 60608**

On-Site Registration
Cost on May 28, 2008: \$10.00
Times: 9:00 a.m. - 10:00 a.m.

On-Site Registration will be available,
but we encourage you to save money and
avoid the lines - send your form in now!
Deadline for Pre-Event Registration:
Postmarked by May 9, 2008.
For additional registration forms,
download them from our website:
www.SHAPEChicago.com.

WAIVER OF LIABILITY MUST BE SIGNED

In order for SHAPE to permit my participation in the event, *Get in SHAPE! Chicago Senior Health & Fitness Walk*, on May 28, 2008, I do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims that I have or that may hereafter accrue to me against the sponsoring organizations and members of SHAPE, and its officers, employees, agents, successors and/or assign for any and all damages that may be sustained and suffered by me in connection with my participation in any activities included in or related to this program. As a further condition of my participation in this program, I hereby represent to SHAPE that I will follow every measure to ensure my safety.

I have read the above Waiver of Liability and acknowledge and understand its contents. I freely accept the terms and conditions thereof. Furthermore, I have checked with my physician and have received approval to participate in this event.

Name _____
PLEASE PRINT

Signature _____ Date _____