



WALK REGISTRATION IS FREE!

- **REGISTRATION BEFORE THE WALK:** Register online at www.caplakecounty.org or mail to CAP-Walk, PO Box 9059, Waukegan IL 60085 or drop-off at CAP office, 2424 Washington St., Waukegan IL 60085
- **START/END LOCATION:** **Sherman Avenue Community Resource Center** , 1906 Sherman Ave. North Chicago, IL 60064
- **REGISTRATION/CHECK-IN:** 8:30am-9:30am/Registration closes 30 minutes prior to **WALK & RALLY** begins at 9:30am.
- **COURSE MAP:** Starting at 1906 Sherman Ave headed east down Argonne, turning north (left) on to Jackson to 14th street (East/left) to Audrey Nixon Blvd up to Lewis Ave (left/south) back to 1906 Sherman Ave (see map on other side)

WALK BEGINS: 10:00 am

RELEASE AND WAIVER OF ALL CLAIMS

Sign, tear-off and submit Release and Waiver when registering by mail, at the CAP office or bring it with you during check-in!

AGREEMENT REGARDING RISK OF INJURY AND RELEASE—RELEASE AND WAIVER OF ALL CLAIMS

I hereby apply to participate in the **Community Action Partnership of Lake County 16th Annual Anti-Poverty Why I Walk 2025 that will begin at 1906 Sherman Ave , North Chicago IL 60064 on Saturday, May 3, 2025.**

I understand that participating in the Walk will expose me to above normal risks of harms. These risks include uneven grounds, weather elements, vehicles, collisions with other participants or unforeseen spectators or objects that may be along the route.

I represent that I have no health or physical problems that will interfere with my participation in the Walk.

I agree that I am responsible for my own safety.

I hereby assume all risks associated with my attendance and participation in the Walk. I understand that I am solely responsible for any injuries which may occur to me as a result of my participation in the Walk and I specifically waive my right to bring litigation against the sponsors and specifically release any right which I have to assert a negligence claim against the Walk sponsors, their agents or representatives.

I hereby fully and forever release, discharge, and agree not to sue Community Action Partnership of Lake County, Community Action Foundation of Northern Illinois, Local Walk Organizers, Local Business Sponsors, Site Owners, any other sponsors (hereafter called "Walk Sponsors") their officers, directors, agents, employees, representatives, and successors for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by me arising out of or in any way associated with my attendance at or participation in the Walk, including all claims, causes or action or liability arising out of the negligence of Walk Sponsors, their agents or representatives.

I grant full permission for organizers to use photographs, video and quotations from me in legitimate accounts and promotions of this event.

I agree to indemnify and hold harmless Walk sponsors, their agents or representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought to me, anyone acting on my behalf, or by anyone else because of conduct attributed to me.

I agree that this agreement shall be construed and interpreted according to the law of the State of Illinois.

I understand and agree that this Release and Waiver shall be binding upon my heirs, assigns and any personal entity acting upon my behalf, including a parent, guardian or next friend.

I have read the above items of the Release and Waiver, understand them, agree to abide by them, and hereby acknowledge that I have read and understand this Release and Waiver. Each family member must sign a separate form to participate:

Participant Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Male: _____ Female: _____

Signature: _____ **Walk Shirt Size (circle): 4XL 3XL 2XL XL LG MED SM**

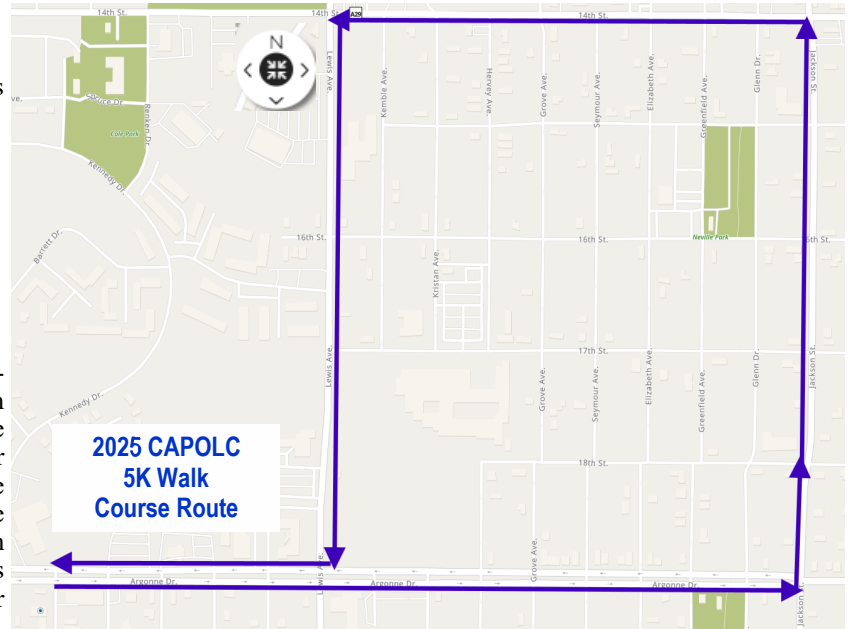
Signature of parent or guardian if under 18 years old: _____ **DATE:** _____

For the past 61 years, CAP of Lake County, a nonprofit organization, has been running programs aimed at helping low-income families. These programs include the Low-Income Home Energy Assistance Program (LIHEAP), Youth and Family Services (Emergency Assistance, Food Pantry, and Medical Assistance), Weatherization, and Affordable Housing.

Proceeds support the following CAP of Lake County programs:

The Hot Meals Program by CAPOLC has been providing more than 9,500 hot meals to Seniors in low-income housing. Our goal is to continue the program until the end of the year, and we need your support to achieve this goal. We are looking to raise enough funds to provide 300 meals every week. We urge our supporters to come forward and help us in raising the re-quired funds for the 2025 hot meals program. You can become an event sponsor, a walker or donate individually to support this cause.

The Walk will begin at 1906 Sherman Ave. and head east down Argonne Dr. Then, turn left onto Jackson St and head north until reaching 14th St. From there, head east (left) towards Audrey Nixon Boulevard and continue until reaching Lewis Ave, where you will turn left (south). Finally, head back to 1906 Sherman Avenue to complete the Walk.



If you would like to make a donation, please bring donation with you at check-in.

PLEDGE FORM

First Name: _____ Last Name: _____

Team Name: (if applicable) _____

I plan to walk the entire course for Community Action Partnership of Lake County.

Dear Potential Pledge Sponsor,

I am participating in the **CAP of Lake County’s 16th Annual Anti-Poverty 5K Walk 2025**. You can sponsor me for an amount of your choice. Donations collected when you sign up. Make checks to: Community Action Partnership of Lake County. All contribu-tions are tax-deductible. Please provide address for thank you note.

No	Name of Pledge Sponsor	Address, City, ST & Zip <u>OR</u> email	Pledge Amount (Example: \$1.00)	Amount Collected from Sponsor	Business Matching Pledge Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
TOTALS					

Walk Participants: To reach our funding goals, we hope that each participant finds sponsors. We’re hoping to make this Walk the best ever, so the more contributions you raise; the more successful we’ll be at achieving our goal. Please bring this form and collections with you prior to the event or bring to the event. Thank you very much for your participation! We look forward to all our participants having a great time! For questions, call Marsha Belcher at 847-249-4330 or email marsha.belcher@caplakecounty.org