



Southwestern  
Illinois

NAMI SWI | Gateway Regional Medical Center  
2100 Madison Avenue, 4th Floor, Granite City, IL 62040  
Website: [namiswi.org](http://namiswi.org) | Phone: (618) 798-9788

# **GIVE 3:30 Virtual Event**

## **for Mental Illness Awareness Week**

### **October 4 – 11, 2020**



Registration Form Below or Online at  
[www.runsignup.com/NAMISWIGive330](http://www.runsignup.com/NAMISWIGive330)

**Mail Form/Payment to: NAMI SWI 2100 Madison Avenue, 4th Floor Granite City, IL 62040**

*\*NAMI SWI is 501(c)(3) non-profit. Donations are tax deductible to the fullest extent allowed by IRS Regulations.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

Age on Event Day\* \_\_\_\_\_

*\*For 17 years or under, parent/guardian signature is required*

#### **Payment Method**

\*Check – Payable to NAMI SWI

Credit Cards can be taken on RunSignUp  
Registration Site: [runsignup.com/GIVE330](http://runsignup.com/GIVE330)

Coupon Code (If Applicable): \_\_\_\_\_

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Parent/Guardian Signature if Applicable*

**Waiver of Liability:** In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com or NAMI SWI, and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this virtual event that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or parent/guardian for all children under 18 years) having read and agreed to the above waiver. Release, Waiver of Liability, Assumption of Risk: NAMI SWI, affiliates, volunteers, and employees are not responsible for any injuries incurred during the virtual event. We recommend seeing a physician before starting or participating in any physical activity.

Photo Release: By signing this registration form, grant to NAMI Southwestern IL, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize NAMI Southwestern IL, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that NAMI Southwestern IL may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

#### ***Office Use Only***

Registration Received On: \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Date Received: \_\_\_\_\_

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United Way  
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