#### **Registration Form**

REGISTER at support.informedChoices.org/HIKE and raise \$50 or more to receive 1 free t-shirt per person (while supplies last)

*Prizes and raffle tickets are awarded per registered hiker.				
Primary Registrant Name				
Address				
City / State / ZIP				
E-mail				
Additional Family Members				
Name	Age			
Name	Age			
Name	Age			
Waiver and Release				
Read this form carefully and be aware that in signing a this program/activity, you will be expressly assuming liability and waiving and releasing all claims for injurie which you or your minor child/ward might sustain as pating in any and all activities connected with and as program/activity.	the risk and legal es, damages or loss a result of partici-			
I recognize and acknowledge that there are certain risk to participants in this program/activity, and I voluntari the full risk of any and all injuries, damages or loss, reg that my minor child/ward may have (or accrue to me result of participating in this program/activity against (Tri-County CPC), including its officials, agents, voluntee I do hereby fully release and forever discharge Info Country CPC) from any and all claims for injury, damag minor child or I may have or which may accrue to me and arising out of, connected with, or in any way as program/activity. I have read and fully understand the information, warning or risk, assumption of risk and wa all claims. If registering by email, your email signature and have the same legal effect as an original form signa	ly agree to assume pardless of severity, e or my child) as a informed Choices ers and employees. rmed Choices (Tri- ges, or loss that my or my minor child sosociated with this e above important giver and release of shall substitute for			
Signature(s) of registrants over age 18				
X				

# 2024 Hike for Life

HIKER NAME:	
FUNDRAISING GOAL: \$_	

\*One Time Donation—not a per mile amount.\*

*One Time Donation—not a per m		Email & Phone	Online pledge Amount		
	7.00.000	2 2	Amount	Amount	Amount
 All donations b	enefit Informed Choices	<u>I</u>	TOTALS: \$	\$	\$

All donations benefit Informed Choices to help local women & families in need.

IC Main office: 847-231-4651 888 E. Belvidere Rd #124, Grayslake, IL 60030

GRAND TOTAL: \$

## Register online, collect pledges & receive these prizes in thanks:

**Raise \$50:** 

2024 Hike T-shirt





Raise \$250:

Safeway emergency fire blanket



Sand Cloud beach towel





Raise \$1,000:

Stanley portable jump starter

Raise \$2,000:

Nintendo Switch Lite





Raise \$5,000:

Electric scooter

#### May 11th Raffle

Hikers will receive 1 raffle ticket for every \$50 raised

#### **PLUS**

**Special prizes for:** 

Top 3 Fundraisers
Top Youth
Most Supporters



for supporting LIFE by participating in this year's *Hike for Life*!

All proceeds benefit the Pregnancy Centers in Crystal Lake and Grayslake!

#### Free services include:

- Pregnancy tests
- Pregnancy options education
  - Ultrasounds
  - Diaper bank
  - Parenting education
- Baby food, clothing & more
  - Maternity clothingPost-abortion recovery
  - Youth Development
  - Men's Mentoring





888 E Belvidere Rd., Unit #124

Grayslake, IL

847-650-5864

610-1 Crystal Point Dr.

Crystal Lake, IL

815-455-0965

### Compassion, Hope & Help

Informed Choices offers a wide array of free services to assist those who are faced with the possibility of a pregnancy, planned or unplanned.

www.informedchoices.org



### **Hike Day**

Saturday, May 11, 2024 (rain or shine)

Fox River Forest Preserve 28500 W Roberts Road Port Barrington, IL 60010

8:30 am Registration & Breakfast 9:00 am Program & Raffle

**REGISTER** at

support.informedchoices.org/Hike