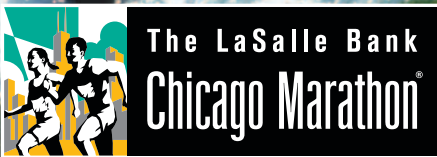


Join Our Winning T.E.A.M.



The Epilepsy Foundation of Greater Chicago is proud to have been chosen as a Participating Charity for the 28th annual LaSalle Bank Chicago Marathon, being held on Sunday, October 9, 2005.

The next step is up to you.

By joining **"T.E.A.M. Epilepsy (The Epilepsy Awareness Movement)"** and taking part in this world-famous event, you'll be helping to raise money for epilepsy support, education, and awareness programs throughout the Epilepsy Foundation of Greater Chicago's 43 county service area.

Participating is simple:

- Visit the LaSalle Bank Chicago Marathon site at www.chicagomarathon.com to register for the race.
- Print out this form, fill it in, and mail or fax it back to the Epilepsy Foundation of Greater Chicago.

As a member of "T.E.A.M. Epilepsy," you agree to raise a minimum of \$250 on behalf of your efforts in the LaSalle Bank Chicago Marathon.

All "T.E.A.M. Epilepsy" members receive:

- A "T.E.A.M. Epilepsy" t-shirt
- Fundraising assistance
- Training tips
- Race Day access to the "T.E.A.M. Epilepsy" tent in Charity Village
- The satisfaction of knowing not only that you took part in one of the country's largest and most famous marathons, but that you made a difference in the lives of people with epilepsy.

For more information about joining "T.E.A.M. Epilepsy" for the 28th annual LaSalle Bank Chicago Marathon on Sunday, October 9, 2005, call 312-939-8622 or visit www.epilepsy-chicago.org.

"T.E.A.M. Epilepsy" Registration Form

*LaSalle Bank Chicago Marathon
Sunday, October 9, 2005*

Name

Address

City, State, ZIP

Home Phone Work Phone

E-mail

Race Confirmation Number: _____

Preferred t-shirt size: _____

Please provide credit card information below. We will only charge this card if you do not raise the minimum \$250 gift by race day.

Please charge my: Visa MC AmEx Discover

Card number _____ Exp. Date _____

Name as it appears on card _____

Waiver: In consideration of signing this agreement, I hereby for myself, my heirs, my executors, and administrators, waive and release any and all rights, claims, and causes of action against the Epilepsy Foundation of Greater Chicago, as well as the organizers, sponsors, and any others connected with the LaSalle Bank Chicago Marathon, their representatives, and successors, as a result of my involvement with said event. I attend and verify that I am medically able to participate and assume all risks of participating in this event. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or other record of this event for any legitimate purpose, including commercial advertising. I have read and fully understand the foregoing and certify and represent that the information provided is true.

Signature (you must sign to participate)

Parent/guardian signature (if participant is under 18)

Mail this form to:
**Epilepsy Foundation of Greater Chicago, 17 N. State Street
Suite 1300, Chicago, IL 60602**

You may also fax this form to the EFGC at **312-939-0391**.

