

One waiver needed for each walker.

Little Miracles Walk Consent and Liability Waiver

Participant's Name: _____

Participant's Birth Date: _____

Participant's Sex: _____

Parent's/Guardian's Name(s): _____

Home address: _____

Home Telephone: _____

Business Telephone: _____

I have freely and voluntarily agreed to participate in the Little Miracles Walk (the "Activity") on Sunday, September 19, 2010 at Rockford Memorial Hospital. I understand that participation in the Activity involves certain risks, which risks include without limitation bodily injury (including death) and property damage (the "Risks"), and I hereby assume and accept these Risks. To the fullest extent allowed by law, I hereby waive, release, and agree to indemnify and hold harmless Rockford Health System and its affiliates and their respective officers, directors, employees, agents, successors and assigns from and against any and all claims, causes of action, demands, liabilities, losses, damages, costs and expenses (including without limitation, attorneys' fees and expenses) that may arise in connection with my participation in the Activity.

In the event I should sustain injuries or illness while involved in the Activity, I hereby authorize Rockford Health System to provide or cause to be provided any and all first aid and/or emergency treatment such parties deem necessary under the circumstances.

This Consent and Liability Waiver shall be binding upon my heirs, personal representatives, assigns and me, and shall be governed by the internal laws of the State of Illinois without regard to conflicts of law principles. Venue for any legal action arising out of or in connection with this Consent and Liability Waiver shall be in the state or federal courts located in Winnebago County, Illinois.

I HAVE READ THIS CONSENT AND, FULLY UNDERSTANDING ITS CONTENTS, HEREBY INDICATE MY FREE AND VOLUNTARY AGREEMENT TO AND ACCEPTANCE OF SAME.

Participant Signature

Parent/Guardian Signature

(if the participant is under 18 years of age)

Printed Name

Printed Name

Date

Date

3rd Annual Walk and 26th Annual NICU Graduate Reunion

Sunday, September 19, 2010 - *Rain or Shine*

12:30 P.M.

Gather behind the hospital near the cafeteria (parking available behind Rockford Health Physicians)

• Check in at Registration and turn in pledges

12:45 P.M.

Ceremony

1 P.M.

One-Mile Walk

2 - 4 P.M.

26th Annual NICU Graduate Reunion

OTHER EVENT DETAILS

- Water stations provided.
- Refreshments available.
- We know that pets are an important part of families, but since we are expecting many walkers, out of concern for everyone's safety, we ask that you leave them at home.

For more information, please call (815) 971-6550.



2,000/BP/7-10

3rd Annual Walk and
26th Annual NICU Graduate Reunion
Sunday, September 19, 2010 - *Rain or Shine*



RETURN SERVICE REQUESTED

Rockford Health System
2400 North Rockton Avenue
Rockford, IL 61103

Non-profit org.
U.S. Postage
PAID
Rockford, IL
Permit No. 2499



3rd annual
littlemiracleswalk
2010

and 26th Annual NICU
Graduate Reunion

Sunday, September 19, 2010 - *Rain or Shine*

Sponsored by:



Respectful Care

What is the Little Miracles Walk?

The Little Miracles Walk was created by Parents as Partners, the Rockford Memorial Hospital Neonatal Intensive Care Unit's (NICU) Family Advisory Team. The 3rd annual Little Miracles Walk helps raise financial support for the NICU and also honors all the children who were patients in the NICU, as well as their families. Our mission for this walk is to help support current and future families that have to endure the heartache of having a child in the NICU. All proceeds from this walk will be used in Rockford Memorial Hospital's NICU to purchase state-of-the-art equipment, which will ensure NICU babies will receive outstanding care and as little discomfort as possible; create a parent resource room; and for other smaller projects to help ease the parents' stress while they wait for their child to be discharged.

Each year, the NICU at Rockford Memorial Hospital cares for approximately 500 premature and sick infants. The NICU is actively involved in quality improvement collaboratives and continually works to improve the care given to NICU babies and their families. Parents As Partners was formed in 2007 and is made up of volunteers that have had the first-hand experience of having a child in Rockford Memorial Hospital's NICU. They work together with the NICU staff to improve the "NICU experience" for current and future families.

Friends and families in our community may sponsor a walker, make a donation or participate in the one-mile walk. Immediately following the walk, the NICU will be holding its 26th Annual NICU Graduate Reunion in the hospital's cafeteria. The afternoon will be filled with lots of family-friendly activities, refreshments, face painters, characters and much more.

INSTRUCTIONS

It's easy. Ask your family, friends, neighbors, and co-workers to contribute for your efforts. *Their generosity will help the babies and families in the NICU at Rockford Memorial Hospital.*



Name of Walker (PLEASE PRINT)

Address

City State Zip

SPONSOR	ADDRESS	DONATION
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
10. _____	_____	\$ _____
11. _____	_____	\$ _____
12. _____	_____	\$ _____
13. _____	_____	\$ _____
14. _____	_____	\$ _____
15. _____	_____	\$ _____
16. _____	_____	\$ _____
17. _____	_____	\$ _____
18. _____	_____	\$ _____
19. _____	_____	\$ _____
20. _____	_____	\$ _____

MAKE CHECKS PAYABLE TO: ROCKFORD MEMORIAL DEVELOPMENT FOUNDATION.

The Rockford Memorial Development Foundation is a 501 (c) (3) charity and gifts to the Foundation are tax deductible to the fullest extent of the law.

Return by mail to:
 Rockford Memorial Hospital NICU
 Little Miracles Walk
 2400 N. Rockton Ave., Rockford, IL 61103
 or Fax: (815)971-9537

The first 200 people that register for the walk will receive one t-shirt.

Walker Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email (Optional) _____

Shirt Size _____

If you have a **graduate child** from Rockford Memorial Hospital's NICU, please provide their name, age, and shirt size below.

Rockford Memorial Hospital NICU Graduate

Name _____

Age _____ Shirt Size _____

Name _____

Age _____ Shirt Size _____

Name _____

Age _____ Shirt Size _____

Name _____

Age _____ Shirt Size _____

Name _____

Age _____ Shirt Size _____

Extra t-shirts can be purchased for \$5 the day of the event.

I am unable to participate, but would like to make a donation of \$ _____

Checks payable to:
 Rockford Memorial Development Foundation