



2019 Thanksgiving Day Parade

Individual Participant Information Form

**** All information requested below is required ****

Full Name: _____ Total Sweatshirts: _____

Sweatshirt Size (circle one): YM YL AS AM AL AXL AXXL

Extra Sweatshirt(s) (\$25 each): YM YL AS AM AL AXL AXXL

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: _____

Email: _____

Name of Studio: _____

Emergency Contact Information

Emergency Contact Name: _____

Contact's Relationship: _____

Contact's Phone: _____

Contact's Email: _____

Individual Participant Agreement

I, _____, am participating in the activities of Chicago Human Rhythm Project on my accord. Pending any incidents of injury, I release Chicago Human Rhythm Project, and all its locations, from liability.

Signature of participant or parent/guardian if participant is under 18