



2016 WALK TO FIGHT ARTHRITIS - NAOMI BAN 10 KM CHALLENGE

OFFLINE REGISTRATION FORM

380 St-Antoine St. W, Suite 3120
Montreal, QC H2Y 3X7
walktofightarthritis.ca
1.800.321.1433

PARTICIPANT INFORMATION

Mr. Mrs. Ms. Dr. First Name: _____ Last Name: _____ Email: _____
Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
 Montreal Quebec Gender: Female Male Language Preference: French English I have Arthritis (optional)

TEAM INFORMATION

Team Type: Corporate Friends & Family Youth Team Name: _____
Team Captain's Name: _____ Team Location: _____

PARTICIPATION FEE OPTIONS (one form per participant)

Student and Adult
 *Registration Fee: \$40
I would like to pay my registration fee. I will not follow the training program in preparation for the 10 km run. Running jersey included.
 *Registration Fee: \$55
I would like to pay my registration fee and will follow the training program in preparation for the 10 km run. Running jersey included.
 Collect \$200 in donations for an exemption of registration fee
I would like to waive my registration fee by raising at least \$200 in donations and I will follow the training program in preparation for the 10 km run. Running jersey included.

Bring this form to REGISTRATON on Walk day.
**Participation fee is non-refundable and does not qualify for a tax receipt.*

PAYMENT INFORMATION

Cheque (Payable to The Arthritis Society) Cash Amount \$
 Credit Card #
Expiry

Cardholder's Name Cardholder's Signature

RELEASE, WAIVER OF LIABILITY, INDEMNITY AND CONSENT AGREEMENT (Please read and sign below)

RELEASE, WAIVER OF LIABILITY, INDEMNITY AND CONSENT AGREEMENT: Walk to Fight Arthritis Release, Waiver of Liability, Indemnity and Consent Agreement. Read Carefully. In consideration of the acceptance of my application and of my registration as an entrant in the 2016 Walk to Fight Arthritis in support of The Arthritis Society, I, acknowledge and agree as a participant on my own behalf and/or as the parent or guardian of the minor aged participant identified below, and for our respective heirs, administrators and executors, hereby waive, release, discharge and hold harmless The Arthritis Society and all other organizations, sanctioning bodies and sponsoring companies from any and all causes of actions, actions, suits, claims and demands for damages, liability, indemnity, expenses, interest fees and costs, including legal fees in respect to injury, loss or damage of every nature and kind to my or the minors listed below, person or property, however caused, resulting from our participation in the Walk to Fight Arthritis whether as a spectator or participant. I warrant that I and each of the minors identified below are physically fit and in the proper physical condition to participate in the Walk to Fight Arthritis. I acknowledge that I have carefully read this Release, Waiver of Liability, Indemnity and Consent Agreement, fully understand its terms without reservation, understanding that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete, final and unconditional release of all liability to the greatest extent allowed by law. I further agree to permit The Arthritis Society to use any photographs and/or video of me or the minors identified below taken in the course of our participation in the Walk to Fight Arthritis event, and for The Arthritis Society to use these photographs and/or video in any media, communications materials, website, special promotions and territory from time to time and for as long as The Arthritis Society may consider appropriate. All personal information disclosed on this form is treated as confidential. We will use your personal information to: fulfill any requests you've made of us, tell you about our programs and services, and ask for your financial support.

Yes, I would like to receive email communications from The Arthritis Society.

Date Name of participant (print) Name of parent/guardian (print) Participant signature or parent/guardian signature
(if participant is under 18 years) (if participant is under 18 years)