



# OFFLINE REGISTRATION FORM

## 2018 RUN (MONTREAL & QUEBEC CITY)

Arthritis Society  
1700 - 393 University Avenue, Toronto, ON M5G 1E6 | walkforarthritis.ca | 1.855.825.WALK (9255)

### PARTICIPANT INFORMATION

Mr.  Mrs.  Ms.  Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Walk Location: \_\_\_\_\_ Gender:  Female  Male Language Preference:  English  French  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)

#### Run - Adult - pay fee (19+) - \$40

Adult pay fee (19+) - Run registration fees include a technical t-shirt.

#### Run - Adult - waive fee I commit to fundraising \$200

I would like to fundraise and waive my registration fee for the Walk for Arthritis.

#### Run - Student - pay fee (13 - 18) \$20

I would like to pay my registration fee. (Once paid, the fee is non-refundable, non-transferable and non-tax receiptable). - Run registration fees include a technical t-shirt.

#### Run - Student - waive fee - I commit to fundraising \$100

I would like to fundraise and waive my registration for the Walk for Arthritis.

#### Run - Child (12 & under) Free

Child (12 & under)

**Bring this form to REGISTRATION on event day.**

*\*\*Participation fee is non-refundable and does not qualify for a tax receipt.*

### PAYMENT INFORMATION

Cheque (Payable to Arthritis Society)  Cash Amount \$

Visa  Mastercard  American Express

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 for 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 Walk for 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 for 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 for 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 for 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)