

Toronto Freedom to Move 5K Run/Walk June 5, 2011 Registration & Pledge Form



**DYSTONIA
MEDICAL
RESEARCH
FOUNDATION
CANADA**

serving all dystonia-affected persons

**909-100 Adelaide St. W.
Toronto, ON M5H 1S3
416.488.6974**

NAME _____ **ADDRESS** _____ **CITY/PROVINCE /POSTAL CODE** _____

TELEPHONE _____ **EMAIL** _____ Event Day Age _____ Male Female

Registration Fee (Please Check ✓) \$30 /Adult/Event Day \$25/Adult/Pre Register* \$10 /Under 13/Timed only/Otherwise free

Early Bird, to May 9 \$20 /Adult /Early Bird \$7 /Under 13/Early Bird/Timed

**Individuals who raise \$100 or more in pledges/donations are exempt from registration fees.*

Method of Payment (Please make cheques payable to DMRF Canada) ***On Line Registration www.runningroom.com**

Cash Cheque Visa MasterCard AmEx Card Number _____ ExpiryDate _____ / _____

Signature _____

Release, Waiver and Indemnity

I AGREE that at all times during the 2011 Freedom to Move for Dystonia 5K run/walk (FTM 5K Run/Walk) my safety remains my sole responsibility. I am aware of the risks of participating in the and FTM 5K Run/Walk and assume all such risks. IN CONSIDERATION of accepting my application to participate in the FTM 5K Run/Walk I, for myself, my heirs, executors, administrators, and legal representatives, RELEASE AND FOREVER DISCHARGE Dystonia Medical Research Foundation Canada and all other associations, all sanctioning bodies, all sponsoring corporations and all of their respective employees, volunteers, agents, officials, servants, representatives and successors of and from all claims, demands, costs, expenses, actions and causes of action, whether in law or equity, in respect of any death, injury, loss or damage to my person or property (a "Loss") HOWSOEVER CAUSED arising or to arise by reason of my participation in The FTM 5K Run/Walk, whether as a spectator, participant, competitor or otherwise, whether the Loss occurs prior to, during or subsequent to the FTM 5K Run/Walk, AND EVEN IF the Loss is contributed to, or caused by, the negligence of any of the Parties.

I FURTHER AGREE to hold harmless and indemnify the Parties from and against any and all liability which any of them may incur as a result of, or in any way connected with, my participation in the FTM 5K Run/Walk. I hereby consent to and permit emergency treatment in the event of illness or injury.

I give full permission for the use of my name, photograph, electronic and video image by any of the Parties to promote the FTM 5K Run/Walk.

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in the FTM 5K Run/Walk.

CHARITABLE REGISTRATION # 1 2661 6598 0001

SIGNATURE OF PARTICIPANT _____ **Date** _____

SIGNATURE OF GUARDIAN IF UNDER 18 YEARS OF AGE _____

PLEDGE SHEET – Please Print Clearly, Receipts Issued for donations over \$15 unless indicated ✓

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FREEDOM TO MOVE 5k Run/Walk Toronto High Park, Sunday June 5, 2011

Total Pledges _____