

2010 Ottawa Gatineau Freedom To Move Walk & Wheel Pledge Form

June 5, 2011

11:00 a.m.

Britannia Park Trolley Station, Ottawa, Ontario



909-100 Adelaide St. W.
Toronto, ON M5H 1S3
1-800-361-8061

The "Trolley Station" is located inside the park on the right-hand side after the first parking lot, and will be indicated by temporary signage.

NAME _____ ADDRESS _____ CITY _____

PROVINCE /POSTAL CODE _____ TELEPHONE _____ EMAIL _____

Release, Waiver and Indemnity

I AGREE that at all times during the 2011 Ottawa Gatineau Walk & Wheel (Event), my safety remains my sole responsibility. I am aware of the risks of participating in the Event and assume all such risks. IN CONSIDERATION of accepting my application to participate in the Event, 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 Event, whether as a spectator, participant, competitor or otherwise, whether the Loss occurs prior to, during or subsequent to the Event, 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 Event.

I give full permission for the use of my name, photograph, electronic and video image by any of the Parties to promote the Event.

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 Event.

CHARITABLE REGISTRATION # 1 2661 6598 0001

SIGNATURE OF PARTICIPANT _____ Date _____

SIGNATURE OF GUARDIAN IF UNDER 18 YEARS OF AGE _____

Please Print Clearly **PLEDGE SHEET** *(receipts will be issued only for donations \$15 and over unless v below)*

	First Name	Last Name	Address (Street, City, Prov, PC)	Phone	Amount	Receipt V
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	First Name	Last Name	Address (Street, City, Prov, PC)	Phone	Amount	Receipt V
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2010 Ottawa Gatineau Walk & Wheel

Total Pledges _____

(All information collected is for receipting purposes only and will not be used for future solicitations.)