

Registration Form

Walk & Run for Stuttering Awareness
Betty Sutherland Trial, Toronto
September 25, 2016



September 25, 2016
1k/5k Walk & Run
for stuttering awareness
in support of The Speech and Stuttering Institute

You can use this form to register and mail, or register online at:

www.canadahelps.org/en/charities/the-speech-stuttering-institute/WalkRun2016

LAST Name: _____ FIRST Name: _____

Date of Birth: _____ Gender: _____ Male _____ Female

email: _____

Phone (Day): _____ Phone (Evening): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

AGE: Under 16 _____ 17-25 _____ 26-40 _____ 40-55 _____ 55+ _____

EVENT T-SHIRT SIZE: SM _____ MED _____ LRG _____ X-LRG _____

COST OF REGISTRATION: \$25.00 CHEQUE ENCLOSED _____
(Please make payable to THE SPEECH AND STUTTERING INSTITUTE)

RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the 2016 1K/5K Walk & Run for Stuttering Awareness Sunday, September 25, 2016. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE all associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to allow the use of any photographs taken of me in the run, by the organizers, for future event promotional purposes. Such photos not to be used for any other commercial or re-sale purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

I, _____, agree to the above waiver.

SIGNATURE _____ DATE _____

If under age 18, parent or guardian must sign

Send completed form and waiver with payment to: The Speech and Stuttering Institute
2-150 Duncan Mill Road, Toronto, ON M3B 2M4
Tel: 416-491-7771
Fax: 416-491-7215



It starts with one word