WALKER INFORMATION:

WALK TO
MAKE CYSTIC FIBROSIS HISTORY

1. ☐ Please check this box if you have registered online. Write your name as you have entered it online to ensure we match your profile.
2. Please bring this form and all funds collected to your walk location. Cheques can be made payable to **Cystic Fibrosis Canada**.

If you are not able to attend the walk in person, please mail this form and include all your funds to **The Walk c/o Cystic Fibrosis Canada, 2323 Yonge Street, Suite 800, Toronto, ON, M4P 2C9** by June 8, 2018.

FIRST NAME:		**LAST NAME:**	
ADDRESS:			**SUITE OR APT #:**
CITY:		**PROVINCE:**	**POSTAL CODE:**
TELEPHONE (HOME):	**(BUSINESS):**		**(CELL):**
E-MAIL:		**LANGUAGE PREFERENCE:** ☐ English ☐ French	
EMPLOYER NAME: (DID YOU KNOW THAT MANY EMPLOYERS WILL MATCH CHARITABLE DONATIONS? HELP US DOUBLE YOUR FUNDRAISING EFFORTS BY INCLUDING YOUR COMPANY'S NAME.)		**WALK LOCATION:**	
TEAM NAME: (PLEASE WRITE YOUR TEAM NAME EXACTLY AS IT WAS REGISTERED ONLINE)		**TEAM CAPTAIN NAME:**	

***PLEASE NOTE THAT TEAM MEMBERS NEED TO REGISTER SEPARATELY AND CANNOT BE ADDED TO THIS FORM**

Are you a member/employee/family of one of the following?
☐ KIN Canada District #____ Club Name:

# OF CHILDREN ATTENDING THIS EVENT ***(PLEASE NOTE, ADULTS OVER THE AGE OF 17 MUST REGISTER THEMSELVES)*****:**			
CHILD NAME:	**CHILD AGE:**	**CHILD NAME:**	**CHILD AGE:**
CHILD NAME:	**CHILD AGE:**	**CHILD NAME:**	**CHILD AGE:**

Are you: ☐ Male ☐ Female ☐ Other

Please select your age range:
☐ 0 - 3 ☐ 4 - 12 ☐ 13 - 17 ☐ 18 - 27 ☐ 28 - 35 ☐ 36 - 45
☐ 46 - 54 ☐ 55 - 64 ☐ 65 and over ☐ Other (prefer not to say)

How many years have you participated in Cystic Fibrosis Canada's walk?
☐ This is my first year
☐ I've participated between 2 and 4 years
☐ I've participated between 5 and 9 years
☐ I've participated for 10 years or more

Cystic Fibrosis Canada™

WAIVER, INDEMNITY & PHOTO RELEASE:
Please read carefully

I agree: 1) That at all times during the Walk to Make Cystic Fibrosis History my safety remains my sole responsibility and 2) that I will discontinue from participating in this event if requested to do so by any representatives of Cystic Fibrosis Canada and 3) that I am aware of the inherent risks in participating in this event and voluntarily assume such risks. IN CONSIDERATION of acceptance as a participant in this event, I myself, my heirs, administrators and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE Cystic Fibrosis Canada and all its associations and sponsoring companies and all its respective agents, officials, officers, directors, employees, servants, conductors, representatives, successors and assigns OF AND FROM ALL claims, demands, payments, actions, causes of action, damages, costs and expenses, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED arising or to arise by reason of my participation in the said event AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the aforesaid. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by and or all of them arising as a result or in any way connected to my participation in said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED to the above AGREEMENT, RELEASE, WAIVER AND INDEMNITY, I WARRANT that I am physically able to participate in this event.

The undersigned also grants to Cystic Fibrosis Canada, in whole or in part, the right to use the film footage/photographs of myself or of my children, produced for promotional purposes, provided that said footage/prints, in whole or in part, including voice-overs, be used exclusively by the above mentioned organization.

Participant's Name (print): _____

* In the event a parent or guardian is accompanying more than one minor from the same household, the parent or guardian is permitted to sign one waiver, as long as all participating minors are listed above. I approve and give my consent to the participation of the said minor(s) in this event and also adopt the above release for myself.

Signature (Parent/Guardian): _____

Date: _____

By completing this form and submitting to Cystic Fibrosis Canada, you hereby consent to the collection and use, by the organization of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Our policy details are available by sending an e-mail to **info@cysticfibrosis.ca** with "Attention Privacy Officer" in the subject line, or by contacting Cystic Fibrosis Canada at 1-800-378-2233. Charitable Registration: # 10684 5100 RR0001

WALK TO

MAKE CYSTIC FIBROSIS HISTORY

Participant Name: _____

Team Name: _____

Walk Location: _____

Participant Address: _____

_____

Participant Phone number: _____

Please let us know your company affiliation:

☐ Kin Canada Other: _____

TAX RECEIPT INFORMATION:

Receipts will be issued for all donation amounts of $20 and over. **All donor information (including address) MUST be completed in order to receive a tax receipt.**

					AMOUNT			
					CREDIT	CASH	CHEQUE	TAX RECEIPT REQUEST
1	DONOR'S NAME (FIRST/LAST):			CREDIT CARD #:				
	STREET ADDRESS OR PO BOX (SUITE/APT./UNIT):			EXPIRY (MM/YY): / PHONE:				☐ Print ☐ Electronic
	CITY:	PROVINCE:	POSTAL CODE:	E-MAIL:				
2	DONOR'S NAME (FIRST/LAST):			CREDIT CARD #:				
	STREET ADDRESS OR PO BOX (SUITE/APT./UNIT):			EXPIRY (MM/YY): / PHONE:				☐ Print ☐ Electronic
	CITY:	PROVINCE:	POSTAL CODE:	E-MAIL:				
3	DONOR'S NAME (FIRST/LAST):			CREDIT CARD #:				
	STREET ADDRESS OR PO BOX (SUITE/APT./UNIT):			EXPIRY (MM/YY): / PHONE:				☐ Print ☐ Electronic
	CITY:	PROVINCE:	POSTAL CODE:	E-MAIL:				
4	DONOR'S NAME (FIRST/LAST):			CREDIT CARD #:				
	STREET ADDRESS OR PO BOX (SUITE/APT./UNIT):			EXPIRY (MM/YY): / PHONE:				☐ Print ☐ Electronic
	CITY:	PROVINCE:	POSTAL CODE:	E-MAIL:				
5	DONOR'S NAME (FIRST/LAST):			CREDIT CARD #:				
	STREET ADDRESS OR PO BOX (SUITE/APT./UNIT):			EXPIRY (MM/YY): / PHONE:				☐ Print ☐ Electronic
	CITY:	PROVINCE:	POSTAL CODE:	E-MAIL:				
				TOTAL	$	$	$	
				GRAND TOTAL	$			

Instead of bringing my donors' cash with me on walk day, I would like to pay their cash with my credit card:

☐ Visa ☐ MasterCard ☐ AMEX

Name on Card: _____

Credit Card #: _____

Amount: _____

Expiry Date: _____

Signature: _____

Cystic Fibrosis Canada™

PLEDGE FORM PAGE _____ OF _____

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