



www.ARunToRemember.org

Scotiabank Toronto Waterfront Marathon, Half-Marathon & 5K Run / Walk / Wheelchair



Charity Challenge Registration Form

Event: 5K Half (21K) Full (42K) Estimated Finish Time: _____ Hrs _____ Mins

First Name: _____

Last Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Birthdate (Y/M/D): _____

Phone (Day): _____ Phone (Night): _____

email: _____

Shirt Size: XL L M S *Shirt sizing is unisex* Gender: Male Female

Medical Conditions: _____

RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the SCOTIABANK TORONTO WATERFRONT MARATHON, HALF-MARATHON AND 5K RUN/WALK on Sunday, September 26th, 2010, I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE The City of Toronto, The Toronto Police Service, The Toronto Police Services Board, The Chief of Police, The Toronto Transit Commission, Toronto and Region Conservation Authority, The Toronto Port Authority, Athletics Canada, OTFA, ORA, Canada Running Series, Scotiabank, Adidas, Sporting Life Inc., and all other 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 periodic mailings, both electronic and physical, from CANADA RUNNING SERIES, and to allow the use of any photographs taken of me in the run, by the organizers, for future event promotional purposes. Such photos are 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

Signature _____ Date _____
(If under 18 years of age, Parent or Guardian must sign).

Registration fees will be waived for those collecting pledges

Send Completed form and waiver to: A Run To Remember (Attn: Registration Committee)
45 Hallcrown Place, Toronto, ON M2J 4Y4
Fax: (416) 491-2211 Email: aruntoremember@gmail.com