



2017 Walk of Care Registration Form

Registration forms due September 2

Name (First and Last) _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ - _____ - _____ Email: _____

Emergency Contact: _____ Phone Number _____

I am: an individual walker an equal partner a team member under 18

Team Information: Team Name: _____

Team Captain's Name (if applicable): _____

Phone #: _____ - _____ - _____

Equal Partner Information: Agency / Organization Name: _____

Contact Name: _____

Phone #: _____ - _____ - _____

Registration Fee: \$15.00

Cash ___ Cheque ___ Credit Card ___

Name of card holder: _____

Card Number: _____

Expiration Date: _____

T-Shirt Size

S ___ M ___ L ___ XL ___

Participant Liability Waiver: I, the undersigned participant in the 2015 Walk of Care, hereby release, waive, and forever discharge Rural Ottawa South Support Services (hereinafter referred to as "ROSSS"), their staff, Board of Directors, and volunteers, and all other bodies associated with ROSSS, and sponsoring companies, and any and all participating organization, entities, and/or venues and individuals, personnel, volunteers, and/or Board of Directors associated with these organizations/entities and/or venues of any claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, loss or damage of my person or property howsoever caused, rising, or to arise by reason of my participation in the 2015 Walk of Care, whether as a spectator, participant, or otherwise, whether prior from, during, or subsequent to the event, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the aforementioned. I further hereby undertake or hold and save harmless and agree to indemnify all of the aforementioned from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation in the said event. By signing this waiver, 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.

Name: _____

Signature: _____ Date: _____

If you are under the age of 18, please have your parent or guardian sign this form. Thank you.