

Payment Method	Paid (Y/N)	Amount (\$)
Credit Card		
Check		
Cash		

# Linda's Walk 11

A 5km Charity Walk for St. Clare Inn  
 Saturday October 17, 2020 @ 8:00am to 1:00pm  
 Registration Form (Please Print Clearly)



<b>Participant Name</b>		Are you a new walker? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Team Name</b>		
<b>Street Address</b>		
<b>City</b>		
<b>Province</b>		
<b>Postal Code</b>		
<b>Telephone</b>		
<b>Email Address</b>		
<b>Emergency Contact Number</b>		

- Registration Fee: \$25.00/Adult Participant; \$15.00/youth and kids under 12 walk for FREE (but are encouraged to collect pledges!)
- Sponsors who pledge \$20.00 or more will receive a tax receipt
- Please read and clearly sign the waiver on the back of this form
- Completed waiver forms can be dropped off or mailed to: Linda's Walk, St. Bonaventure Ministry Centre, 1300 Leslie Street, Toronto ON, M3C 2K9

**Registration Deadline: Friday August 21, 2020**  
 For more information contact [www.stclareinn.org](http://www.stclareinn.org) or 416-690-0330

How did you hear about this event?

Friend or Relative

Website

Poster

Church

Newspaper

Radio Station

Other (Please specify) \_\_\_\_\_

## Waiver

In consideration of the acceptance of my application and the permission to enter as a participant in Linda's Walk. I hereby state I have conditioned myself to participate in the event I have chose. I, for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE Linda's Walk, St. Clare Inn, Friends of Saint Francis, Inc., The Franciscan Church of St. Bonaventure, 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 spectator, participant, competitor, or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING the same may have been contributed to or occasioned by the negligence of the aforesaid. I FURTHER HEREBY UNDERTAKE TO HOLD SAFE AND 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.

Further, I hereby agree to periodic mailings both electronic and physical from St. Clare Inn (Charitable Registration Number: 88498 6910 RR0001) only. Personal information collected by St. Clare Inn and St. Bonaventure Church is for registration and results purposes only, and will not be shared with other companies and organizations. Further I hereby grant full permission to any and all the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for promotional purposes. 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.

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Signature of participant  
(or guardian if participant is under 18)

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Date