

# REGISTRATION INFO

- 1) For a quick and easy way to fundraise, register online and send invitations to your friends and family.
- 2) Please bring this form and all funds collected to your local Great Strides™ walk. Partial donations will not be accepted. Cheques are preferred and can be made payable to **Cystic Fibrosis Canada**.

If you cannot attend your local Great Strides™ walk, please mail this form, with all funds to:  
Great Strides™ c/o **Cystic Fibrosis Canada**, 2221 Yonge Street, Toronto, ON, M4S 2B4



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (business): \_\_\_\_\_ ext.: \_\_\_\_\_

E-mail: \_\_\_\_\_ Language preference:  English  French

# of participants (including yourself): \_\_\_\_\_

Are you a  CFC Chapter/AQFK Member?  Siemens Employee?  
 Kin Canada Member? (District# \_\_\_\_\_) Club Name (\_\_\_\_\_)  
 Advocis Member? Chapter Name (\_\_\_\_\_)

Team Information Team Name: \_\_\_\_\_ Team Captain Name: \_\_\_\_\_

Do you know someone with cystic fibrosis?  YES  NO

Where did you hear about the walk?

CFC Volunteer or Staff  Mail  Twitter (@GreatStridesCDN)  
 E-mail  Advertising or Media  Other \_\_\_\_\_  
 Friends or Family  facebook

MALE  FEMALE

What is your age group?

5 and under  36 - 45  
 6 - 16  46 - 54  
 17 - 25  55+ years  
 26 - 35

# SUNDAY, MAY 27, 2012

## Please remember...

- Fill in all personal information and sign the waiver, Indemnity & photo Release on this form.
- Keep a photocopy of this form
- Advise your donors that tax-creditable receipts will be issued automatically for all donations over \$20. **Electronic receipts are available upon request. Please provide email address below.**
- Cheques are preferred. Please make all cheques payable to the Cystic Fibrosis Canada.
- Be sure the amount collected matches your pledge form total. Bring all funds with you to your Great Strides walk location, on Sunday, May 27, 2012
- The Great Strides walk takes place rain or shine!
- You can easily collect donations online at [www.cysticfibrosis.ca/greatstrides](http://www.cysticfibrosis.ca/greatstrides) (as soon as February this year!)

11-Walk Batch Slip	# of Transactions	\$ Amount
Receiptable Amount		
Unreceiptable Amount		
Total Quantity		
Total Amount		

## WAIVER, INDEMNITY & PHOTO RELEASE: Please read carefully

I agree: 1) That at all times during the Great Strides™ walk, 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 the Canadian Cystic Fibrosis Foundation (CCFF) 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 the Canadian Cystic Fibrosis Foundation, 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.  
**Cystic Fibrosis Canada**

Participant's Name (print): \_\_\_\_\_ Participant's Name (print): \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_ Participant's Name (print): \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_ 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: \_\_\_\_\_

Yes! I would like to donate/give back my HBC card to the fight against CF.

SIGN HERE