

# Meagan's Walk Pledge Form

Register early online by April 9<sup>th</sup> & take advantage of early bird registration fees.

## Participant Information *Please complete before registration*

Questions? Call or email the Meagan's Walk office. 416-239-7843 or info@meaganswalk.com

NAME		TELEPHONE #E		MAIL	
ADDRESS		CITY	PROVINCE	POSTAL CODE	TEAM NAME

### Please Print Clearly *If you fill this sheet you may print additional pledge form pages at www.meaganswalk.com*

Receipts for income tax purposes will be issued for donations of \$20 or more. To ensure the processing of your receipt, print clearly and provide a complete mailing address. Tax receipts will be issued starting 120 days after the event.

RECEIVED	PLEGGED	SPONSOR'S NAME	ADDRESS	CITY   PROVINCE	POSTAL CODE	TELEPHONE #E	MAIL
	\$50	SAMPLE >>> Mr. & Mrs. Smith	1234 Concord Drive	Toronto, ON	L6P 2Q8	(416)-123-4567	smith@email.com
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**TOTAL PLEDGES** \$

**REGISTRATION FEE**

X \$30 Adult (18 and over)

X \$15 Youth (6 - 17 years)

X \$0 Child (Under 5yrs)

**TOTAL ENCLOSED** \$

**RELEASE, WAIVER AND INDEMNITY** IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in Meagan's Walk on Saturday, May 12, 2018, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE WAIVER AND FOREVER DISCHARGE the City of Toronto, The Toronto Police Services Board, The Toronto Police Service, The Members of the Toronto Police Service Auxiliary Program, The Chief of Police, The Toronto Transit Commission, Fort York, The Hospital for Sick Children, SickKids Foundation, Solutions With Impact, Meagan's Walk, Meagan Bebenek Research Institute, Meagan's Walk event organizers, Solutions with Impact Inc., and all other association, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, 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 rising 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 been contributed to, or occasioned by, the negligence of any of the aforesaid. I, FURTHER, HEREBY UNDERTAKE OR HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in anyway connected with, my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event. I agree to be photographed or videographed and agree that my image may be used in future event news and promotional materials.

**Payment Method of Total Enclosed** Proceeds of this event will be split between the Meagan Bebenek Endowment Fund and awareness, research and treatment of paediatric brain tumours at SickKids.

CASH \$	CHEQUE \$	CREDIT CARD \$	Credit Card payments will be processed centrally by SickKids Foundation, shortly after registering your information.		
CREDIT CARD NUMBER		VISA	Amex	MC	EXPIRY DATE /

I am unable to attend the Walk, but want to donate \$ \_\_\_\_\_ (cheque or credit card information enclosed) Please mail to: **Meagan's Walk, 3273 Bloor Street West, Suite 201, Toronto, ON M8X 1E2**

INTERNAL USE ONLY  
R: \_\_\_\_\_ N/R: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

If participant is under 18 years of age, parent or guardian must sign.

Proceeds from this event support the SickKids Foundation and are designated to the Meagan Bebenek Endowment Fund and awareness, research and treatment of paediatric brain tumours at SickKids. Charitable Number: 10808 4419 RR0001