



# 2015 REGISTRATION FORM

THE ADVENTURE OF THE YEAR STARTS HERE. ONE PERSON PER REGISTRATION FORM. PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF THE FORM.

## PARTICIPANT INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_MM\_\_\_\_ / \_\_\_\_DD\_\_\_\_ / \_\_\_\_YY\_\_\_\_ Gender  Male  Female

Are you a SickKids kid?

Yes  No

Bringing a stroller or wagon?

Yes  No

Camp gear size?

Adult Sizes

S  M  L  XL

Youth Sizes

XS  S  M  L

Vegetarian meal?

Yes  No

## PARTICIPANT TYPE

### WALKER

Registered Camp Walkers each commit to raising a minimum FUNdraising amount to participate in an adventure walk on **Saturday, September 26th, 2015.**

I am a...

**ADULT**  
Age +18

*\$500 minimum fundraising goal*

*A \$65 registration fee applies*

**YOUTH**  
Age 5-17

*\$150 minimum fundraising goal*

*A \$35 registration fee applies*

**CHILD**  
Age 0-4

From training to setting targets for FUNdraising, we're here to motivate you from beginning to end. Our Camp Counsellors will act as your coach, with answers to make your journey a positive one.

*\*Participants 16 years of age or under must be accompanied by a registered adult*

### **CAMP CREW**

### **JUNIOR CAMP CREW**

Camp Crew must attend the entire event in a volunteer capacity, do not walk the route and are encouraged to raise a minimum of \$250. Jr. Camp Crew between 14-16 years of age must be accompanied by an adult and must pay a \$35 registration fee. Those between 16-18 years of age must have a waiver signed by a legal guardian. A \$50 registration fee applies to Crew over 18 years of age.

## REGISTRATION FEE

Please submit your non-refundable, non-transferable registration fee (Adult **\$65**; Youth **\$35**; Child **\$0**; Camp Crew **\$50**; Jr. Camp Crew **\$35**) with this form. If you are submitting by cheque, please make payable to SickKids Foundation. Please do not send cash.

Please charge \$ \_\_\_\_\_ to my: Card Number \_\_\_\_\_ Expiry Date \_\_\_\_MM\_\_\_\_ / \_\_\_\_YY\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

**Together we walk for healthier kids. Join us by making the first donation.** Not only does this provide your fundraising campaign momentum, it also sets the bar for any following donations - so set your targets high to raise those all-important FUNds for SickKids!

In addition to my registration fee, please charge a \$ \_\_\_\_\_ donation amount to kick-off my fundraising campaign.

## TEAM OPTIONS

Start rallying your family, friends, and co-workers and join the adventure of the year as a team. Are you registering as an individual? Don't worry - we've got you covered!

**Create a new team**

**Register as an individual**

**Join an existing team**

Team name:

\_\_\_\_\_

\_\_\_\_\_

I am the **Team Captain**

# WAIVER RELEASE AND INDEMNITY (Please read and sign below)

I, on behalf of myself and if applicable, the minor or minors listed below for whom I am a parent or legal guardian (the "Minor(s)"), wish to participate in The Great Camp Adventure Walk™ to benefit The Hospital For Sick Children Foundation, scheduled to take place on September 26, 2015, as well as various pre- and post-event activities (the "Event") and agree to abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal, provincial and Federal laws and regulations.

I and the Minor(s) (if any) understand that participating in the Event involves using public streets and facilities, and the use of and participation in services made available to participants during the Event is a potentially hazardous activity and can result in serious personal injury or death. I and the Minor(s) (if any) am aware of and expressly assume all risks associated with participating in this Event, including, without limitation, falls, contact with other participants, objects, vehicles, the effects of weather, traffic, and the conditions of the streets and routes used by the Event, and I assert that my participation or the participation of the Minor(s) (if any) in this Event is voluntary.

In consideration for being permitted to participate in this Event, I, on behalf of myself and the Minor(s) (if any), hereby waive, release and forever discharge, from any and all claims for injuries, damages and losses I and the Minor(s) (if any) may have arising out of the Event or my and the Minor(s) (if any) participation in the Event against The Hospital for Sick Children Foundation, The Hospital For Sick Children, Canaccord Genuity Corp., any beneficiaries, sponsors, officials, Camp Walkers, Camp Crew, consultants, participants, third-party vendors, government or public entities (including, without limitation, the City of Toronto, the Province of Ontario, Canada and the Department of Transportation), and each of their respective affiliates, successors, officers, directors, members, employees, volunteers, agents, and representatives, (collectively referred to as the "Releasees"), of and from any and all proceedings, claims, demands, damages, costs, expenses, actions and causes of action (whether known or unknown) whatsoever, both in law and in equity, which I and the Minor(s) (if any) now have or may hereafter have for or by reason of or in respect of my and the Minor(s) (if any) participation in the Event whether as a spectator, participant, competitor or otherwise, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the Releasees.

I and the Minor(s) (if any) further hereby agree to indemnify all of the Releasees 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 and the Minor(s) (if any) participation in the Event.

I agree that my and the Minor(s) (if any) participation in the Event is subject to the sole discretion of the organizers of the Event, and that my and/or the Minor(s) (if any) participation may be limited or terminated, with or without cause.

I on behalf of myself and the Minor(s) (if any) for whom I am a parent or legal guardian understand that any donations to The Hospital For Sick Children Foundation are non-refundable and non-transferable, even if I or the Minor(s) (if any) do not participate in the Event. I further understand on behalf of myself or the Minor(s) (if any) that my registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax deductible.

If I or the Minor(s) (if any) is a "Camp Walker", I understand that I must raise at least \$500 for an Adult participant or \$150 for a Youth participant (the "Minimum Fundraising Amount") in support of SickKids Foundation in order to participate in the adventure walk in the Event. If I or the Minor(s) (if any) have not raised at least the Minimum Fundraising Amount before September 26, 2015, I or the Minor(s) (if any) may make my own donation to reach that minimum in order to participate as a Camp Walker. I on behalf of myself or the Minor(s) (if any) agree that my or the Minor's (if any) name and amount fundraised can be provided to the Team Captain of the Cabin (team) I am a part of.

I on behalf of myself or the Minor(s) (if any) give permission to The Hospital for Sick Children Foundation, The Hospital For Sick Children, Canaccord Genuity Corp., and each of their respective affiliates, subsidiaries, agents, consultants and representative, for the free use of my or the Minor's (if any) name, photograph, voice, likeness or statements, in any broadcast, telecast, advertising promotion, or other use or reuse (including, without limitation, on the internet) on account of this Event or marketing or promotion for future or similar events, and waive any rights of privacy I may have in that regard, and I understand and consent that I will periodically be receiving communications related to my participation in the Event.

The provisions of this Waiver, Release and Indemnity shall ensure to the benefit of the respective heirs, executors, administrators, personal representatives, successors and assigns of each of the Releasees and shall be binding upon my heirs executors, administrators and personal representatives and the heirs, executors, administrators and personal representatives of the Minor(s) (if any).

This Waiver, Release and Indemnity shall be interpreted and the rights of the parties determined under the laws of the Province of Ontario. The Ontario courts shall have exclusive jurisdiction for any dispute arising under, or pertaining to, this Waiver, Release and Indemnity.

I have carefully read this Waiver, Release and Indemnity and fully understand and agree to its contents. I agree and acknowledge that I am signing this Waiver, Release and Indemnity on behalf of myself or the Minor(s) (if any) freely and voluntarily, and intend by my agreement to be a complete and unconditional release of all liability against the Releasees to the greatest extent allowed by law.

Please print first and last name here \_\_\_\_\_

Signature of participant (or guardian if participant is under 18) \_\_\_\_\_ Date MM / DD / YY

An income tax receipt will be issued for gifts of \$20.00 or more.

Please note that no tax receipt is provided for the registration fee. SickKids Foundation respects the privacy of its donors. We do not sell, rent, or trade our donor lists. The information we collect is used to process donations, keep our donors informed about the activities of the hospital and Foundation and ask for their support for our missions to improve children's health. If at any time you wish to be excluded from future contacts, please call us at 416-813-7771.

## PLEASE SEND YOUR COMPLETED FORM AND REGISTRATION FEE OR REGISTER ONLINE

THE GREAT CAMP ADVENTURE WALK  
c/o SickKids Foundation  
525 University Avenue, 14th Floor  
Toronto, ON M5G 2L3

PHONE 416-445-3377  
FAX 416-813-5024  
EMAIL info@WalkforSickKids.ca

Register Online @WalkforSickKids.ca

Charitable Business Number: 10808 4419 RR0001