



2015 REGISTRATION FORM

THE ADVENTURE OF THE YEAR STARTS HERE.
PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF THE FORM.
UP TO SIX PEOPLE PER REGISTRATION FORM.

PARTICIPANT TYPE

- **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
- **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 those between 16-18 years of age must have a waiver signed by a legal guardian. A \$50 registration fee applies for Camp Crew, ages +18 and a \$35 registration fee applies for Jr. Camp Crew, ages 14 - 18.

Team Name _____ Team Captain's Name _____

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

REGISTRATION INFORMATION (Make cheques payable to SickKids Foundation)

TEAM CAPTAIN

1. First Name _____ Last Name _____ Company Affiliation (if any) _____ Are you a SickKids kid? Y N

Date of Birth _____ Gender M F Stroller or wagon Y N Vegetarian meal Y N

Adult Youth Child Camp Crew Jr. Camp Crew Camp gear sizes: Adult S M L XL Child XS S M L

Email _____ Phone # _____

TEAMMATES

2. First Name _____ Last Name _____ Are you a SickKids kid? Y N

Date of Birth _____ Gender M F Vegetarian meal Y N

Adult Youth Child Camp Crew Jr. Camp Crew Camp gear sizes: Adult S M L XL Child XS S M L

Email _____ Phone # _____

3. First Name _____ Last Name _____ Are you a SickKids kid? Y N

Date of Birth _____ Gender M F Vegetarian meal Y N

Adult Youth Child Camp Crew Jr. Camp Crew Camp gear sizes: Adult S M L XL Child XS S M L

Email _____ Phone # _____

4. First Name _____ Last Name _____ Are you a SickKids kid? Y N

Date of Birth _____ Gender M F Vegetarian meal Y N

Adult Youth Child Camp Crew Jr. Camp Crew Camp gear sizes: Adult S M L XL Child XS S M L

Email _____ Phone # _____

5. First Name _____ Last Name _____ Are you a SickKids kid? Y N

Date of Birth _____ Gender M F Vegetarian meal Y N

Adult Youth Child Camp Crew Jr. Camp Crew Camp gear sizes: Adult S M L XL Child XS S M L

Email _____ Phone # _____

6. First Name _____ Last Name _____ Are you a SickKids kid? Y N

Date of Birth _____ Gender M F Vegetarian meal Y N

Adult Youth Child Camp Crew Jr. Camp Crew Camp gear sizes: Adult S M L XL Child XS S M L

Email _____ Phone # _____

HOME ADDRESS

Suite/Apt # _____ Address _____ City _____ Province _____ Postal Code _____

REGISTRATION FEE

Please charge a total of \$ _____ 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!

1. In addition to my registration fee, please charge a \$ _____ donation amount to kick-off my fundraising campaign.
2. \$ _____
3. \$ _____
4. \$ _____
5. \$ _____
6. \$ _____

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.

Please print first and last name here _____

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

_____ 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 MAIL 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 AT WalkforSickKids.ca