

Silent Voice Canada
Scotiabank Toronto Waterfront Marathon - Sunday, October 22nd, 2017

CHARITY CHALLENGE REGISTRATION FORM

Name: _____ **Email:** _____

Address: _____

City: _____ **Postal Code:** _____

Phone Number: _____ **Gender:** _____

Date of Birth: _____ **Age on Race Day:** _____

Relationship to Silent Voice: Volunteer Donor Supporter

I wish to walk/run: 5km 5km with Stroller Half Marathon Full Marathon

T-shirt Size: Small Medium Large XL

Estimated time to finish the 5 km/Half/Full Marathon: _____ (Hours & Minutes)

Have you run the STWM before? _____ **If so, how many times?** _____

Emergency Contact:

Name: _____ **Phone #** _____

Medical Conditions: _____

ENTRY FEES WITH CHARITY DISCOUNT RATE (Includes Tax & Processing Fees):

5km Run/Walk:	\$49.93	Half Marathon:	\$98.46
5km with Baby Stroller:	\$62.06	Full Marathon:	\$98.46

Runners are asked to please pay the full entry fee up front. You may pay by cash, cheque, or credit card.

If you have young runners, family members, or others who cannot afford the fee, please let us know; we will give you free PIN codes to register.

Fee Attached: Cash Cheque (Payable to Silent Voice Canada) Credit Card (Please call us)

(Please see second page for the Release Waiver & Indemnity)

Release Waiver

I understand that my entry is non-refundable and non-transferrable to another CRS event or the following year's event.

I understand that if I selected to donate or fundraise for a participating charity, they may contact me with more information on fundraising and race participation at Canada Running Series events.

Release Waiver & Indemnity

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the 2016 Canada Running Series. I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE The City of Toronto, The Toronto Police Service, The Toronto Police Services Board, The Chief of Police, The Members of the Toronto Policy Auxiliary Program, The Toronto Transit Commission, GO Transit, Athletics Canada Inc., OTFA, ORA, Canada Running Series Inc. (1399662), Canada Running Series Foundation & their respective Directors, Scotiabank, Banque Scotia, A. Lassonde Inc., Canadian Ski Patrol and its members, Running Room, Enercare Inc., Maple Leaf Sports & Entertainment Ltd., BPC Coliseum Inc., and their respective Directors, Officers and Employees, Pepsi QTG, Aquafina, Grenadier Café & Teahouse, Sports Technology and Timing Systems Limited (Sportstats), Post Foods Canada, High Park Nature Centre, DISCHARGE the Ville de Montreal and Parc Jean-Drapeau, La Ronde and Six Flags, Fédération québécoise d'athlétisme, ASICS Canada, Boutique Endurance, St. John Ambulance Saint-Jean/Ambulance St. Jean, Urgences Santé, Liberté Inc, Metro Toronto Zoo, Board of Management of the Toronto Zoo, Toronto and Region Conservation Authority, 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 a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to periodic mailings, both electronic and physical, CRS, and to allow the use of any photographs taken of me in the run, by the organizers, for future event promotional purposes. Such photos not to be used for any other commercial or re-sale purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE 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. 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.

BY CHECKING THE FOLLOWING BOX I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY:

The above box must be checked in order to register

Signature

Date

Please email completed forms to Irshad Osman at
i.osman@silentvoice.ca or fax to 416-778-1876

**Thank you for your participation!
Every Runner Helps; Every Step Counts!**