

FUNDRAISING FORM & WALK DAY INSTRUCTIONS

Register and fundraise using this form or online at www.parkinsonsuperwalk.ca

1. Complete the registration form and sign the waiver.
2. Print clearly and include full mailing addresses for your supporters.
3. Bring the completed form(s) and money to registration on walk day.
4. Cheques are payable to: Parkinson Society or Parkinson SuperWalk



PARKINSON SUPERWALK

PARKINSON SUPERWALK 2013 REGISTRATION FORM

WALKER INFO

Last Name _____ First Name _____ Walk Location _____

Address _____ E-Mail _____

City _____ Province _____ Postal Code _____ Telephone _____

Teams – Save time by registering online! I am part of a team Team Name _____

WAIVER

I agree that I am participating in Parkinson SuperWalk (PSW) voluntarily and do so at my own risk. I hereby fully release Parkinson Society Canada (PSC), the corporate sponsors of PSW, and any other parties connected in any way with PSW, as well as their respective officers, directors, agents, employees, staff and volunteers, from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of my participation in PSW or any of the activities associated therewith. I consent to being provided with emergency treatment in the event of my illness or injury during my participation in PSW, and agree not to hold PSC responsible for any costs associated with such treatment. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by PSC in any manner whatsoever, including print, broadcast, or the Internet. By signing below, I confirm that I have carefully read this Release and Consent and fully understand and agree to its contents.

Signature of Participant _____ Signature of guardian if under 18 years of age _____

INCENTIVE PRIZES There is a cost for Parkinson Society to provide incentives to our walk participants. Please indicate your choice, below.

If neither box is checked, your fundraising incentive will not be sent and the money saved will be invested to help Canadians living with Parkinson's. You will be included in the National Draws for prizes which have been generously donated.

- NO, please do not send me fundraising incentives so that more money can be directed to services in my region. I will be included in the National Draws.
- YES, please send me incentives.



DID YOU KNOW?

- Over 100,000 Canadians have Parkinson's.
- Parkinson's is a chronic, degenerative brain disease that affects every aspect of daily living for those with Parkinson's and their families.
- There is no known cause or cure for Parkinson's.
- The average age of onset of Parkinson's is 60, but it can affect people as young as 30 or 40.
- Parkinson's strikes men and women in every culture and race.

 Parkinson Society Canada | Since
Société Parkinson Canada | Depuis 1965

Need Help? Visit www.parkinsonsuperwalk.ca or contact our office.

PARKINSON SUPERWALK 2013 PLEDGE FORM

WALKER INFO

Last Name _____ First Name _____ Walk Location _____

PLEDGES *Print clearly* including full mailing address and postal code. If the information is incomplete, no tax receipt will be issued. Tax receipts will be mailed by February 28, 2014. Tax receipts will automatically be issued for all pledges \$20+.

NAME	ADDRESS REQUIRED	CITY	PROV.	POSTAL CODE	PLEDGE		
	TELEPHONE	EMAIL OPTIONAL					
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Copy this page if you need more space or download one at www.parkinsonsuperwalk.ca					PAGE _____ OF _____ PAGES	TOTAL COLLECTED THIS PAGE	\$
					ONLINE TOTAL		\$
Charitable Registration #					TOTAL OF ALL PAGES		\$

PRIVACY STATEMENT Parkinson Society Canada collects personal information to communicate with supporters about initiatives/ fundraising. By providing your information, you give consent to be contacted. For a copy of our privacy policy, please contact us.

THANK YOU FOR YOUR SUPPORT

Need Help? Visit www.parkinsonsuperwalk.ca or contact our office.