



# Walk to Defeat Duchenne

May 28th, 2017 • Springbank Park, London

## REGISTRATION FORM

Please fill out the information below and mail to Jesse's Journey at:  
PO Box 51, Station B London, ON N6A 4V3 or drop off at 750-195 Dufferin Ave London ON N6A 1K7

### Personal Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Contact Information

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Participation Options

Please select one of the following participation options.

8.25km                       33km                       Virtual Walker-*can't attend but would like to fundraise.*

### Additional Donation

I would like to make an additional donation and have enclosed a cheque. Please make payable to **Jesse's Journey**.

\$25       \$50       \$100       \$ Other Amount: \_\_\_\_\_       No additional gift

### Additional Information

How did you hear about this event?

Radio Ad                       Facebook                       Poster  
 Twitter                       Local Event Listing                       Word of Mouth  
 Other (*please specify*): \_\_\_\_\_

### Terms of Agreement

I acknowledge that I am aware of the risks to my person and to my property by death, accident, injury, illness, loss, damage or otherwise of participating in and attending at the event and do so voluntarily at my own risk. I for myself, individually and for my heirs, my executors and administrators, contractually waive, release, and relinquish any rights and claims, damages and demands I may have against The Foundation for Gene and Cell Therapy, Walk to Defeat Duchenne for Jesse's Journey, the volunteers, the organizers, the workers, the sponsors and their representatives, successors and assigns for all injuries, death, accident, illness, loss or damage to my person or property, or otherwise, suffered by me directly or indirectly as a result of or in any way connected with my participation in or attendance at the event. I consent to receive medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission for Walk to Defeat Duchenne for Jesse's Journey and/or agents authorized by them to use any photographs, video tape, motion pictures, recordings or any other record of this event for any legitimate purposes.

**By signing this Release, Waiver and Indemnity I acknowledge having read, understood and agreed to its terms.**

\_\_\_\_\_  
Name (please print)                      Signature                      Date (dd/mm/yy)

\_\_\_\_\_  
Guardian Name (please print)                      Guardian Signature                      Date (dd/mm/yy)



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## TEAM REGISTRATION FORM

Please fill out the information below and mail to Jesse's Journey at:  
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### Team Member Information

Team Name: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Primary Contact Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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