

Guardian Name (please print)

## **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 informatio	· <b>II</b>			
Title: Firs	le: First Name:		Last Name:	
Contact Information	1			
Street 1:				
City:	Province	/State:	Postal/Zip Code:	
Phone Number:		Email:		
Participation Option Please select one of th		cipation options.		
☐ 8.25km	☐ 33km	☐ Virtual Wa	alker- <i>can't attend but would</i>	l like to fundraise.
Additional Donation I would like to make an Journey.		tion and have enclosed a cl	neque. Please make payab	ole to <i>Jesse's</i>
□ \$25 □ \$50	□ \$100	☐ \$ Other Amount:		onal gift
Additional Informati	ion			
How did you hear abou	ut this event?			
☐ Radio Ad	□ Fa	acebook	□ Poster	
		ocal Event Listing	☐ Word of Mouth	
Terms of Agreemen				
I acknowledge that I am award participating in and attending a ministrators, contractually wai Gene and Cell Therapy, Walk resentatives, successors and me directly or indirectly as a retreatment in the event of injury Journey and/or agents authoriany legitimate purposes.	e of the risks to my pe at the event and do so we, release, and relind to Defeat Duchenne is assigns for all injuries esult of or in any way y, accident and/or illne ized by them to use a	erson and to my property by death, o voluntarily at my own risk. I for my quish any rights and claims, damage for Jesse's Journey, the volunteers, of death, accident, illness, loss or descended with my participation in eas during the event. I hereby grant my photographs, video tape, motion demnity I acknowledge having	yself, individually and for my heirs, es and demands I may have again the organizers, the workers, the spamage to my person or property, or or attendance at the event. I conse full permission for Walk to Defeat a pictures, recordings or any other response.	my executors and ad- nst The Foundation for ponsors and their rep- r otherwise, suffered by ent to receive medical Duchenne for Jesse's record of this event for
Name (please p	orint)	Signature		Date (dd/mm/yy)

Guardian Signature

Date (dd/mm/yy)



# **Walk to Defeat Duchenne**

May 28th, 2017 • Springbank Park, London

### **TEAM 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

#### **Team Member Information**

Team Name:		<del></del>		
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:		
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:		
Primary Contact	Information			
Title:	First Name:	Last Name:		
Street 1:				
		tate: 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 Dona I would like to mak Journey.		n and have enclosed a cheque. Please make payable to <b>Jesse's</b>		
□ \$25 □ \$5	0 □ \$100	□ \$ Other Amount: □ No additional gift		

#### How did you hear about this event? ☐ Facebook ☐ Poster ☐ Radio Ad ☐ Local Event Listing ☐ Twitter ☐ 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) Name (please print) Signature Date (dd/mm/yy)

Signature

Date (dd/mm/yy)

**Additional Information** 

Name (please print)