



WALK FOR WORDS REGISTRATION FORM



FULL NAME:

TEAM NAME:

Write 'Solo' if you are not on a team.

DONATION AMOUNT:

EMAIL ADDRESS:

CITY & PROV/STATE:

WAIVER & PHOTO RELEASE

Please read the following information. By signing you acknowledge your understanding of the information provided prior to your participation in PBD CANADA'S Walk for Words 2020.

- By participating in this event, it is assumed that you and/or your doctor has deemed that you are healthy enough to do so. PBD CANADA and it's sponsors/partners of the event are not responsible for any injuries, harm or issues that arise from your participation.
- Remember to follow Covid-19 protocols in your area and province.
- PBD CANADA cannot issue tax receipts for your donations. You will receive a receipt from PBD CANADA confirming your donation. Should PBD CANADA raise more than is needed for the Walk for Words cause all additional funds will be donated directly to Canadian Researchers focusing on PBD.

I, _____ (Print your name), hereby grant PBD CANADA the legal right to use my picture from the Walk for Words challenge. PBD CANADA may therefore use the images to their discretion.

Please sign below to acknowledge you have read and understood the waiver and photo release information. If you are under the age of majority, your Parent/Guardian's signature is required instead of yours.

I, _____ (print your name), have read and understood the terms and conditions of this photo release form and waiver.

Date and Place:
(dd/mm/yy)

Signature :

I, _____ (print your name), have read and understood the terms and conditions of this waiver and photo release. I am their legal guardian and am signing on behalf of _____ (please print) giving permission for them to participate in Walk for Words.

Date and Place:
(dd/mm/yy)

Signature :