



**“WALK ON” for CARD**  
**Sunday May 24, 2015**  
**REGISTRATION FORM**

**INDIVIDUAL \_\_\_\_\_ TEAM (Consists of 4 or more people) \_\_\_\_\_**

Individuals must raise a minimum of \$50 in pledges

Teams of 4 must raise a minimum of \$100 in pledges. For each additional team member a minimum of \$25/person must be raised. CHILDREN UNDER 5 ARE FREE

**PLEASE CHOOSE: 1Km \_\_\_\_\_ 3Km walk \_\_\_\_\_**

**(Surface is a paved walking path)**

**OPENING CEREMONIES: 10:00 AM WALK COMMENCES: 10:30 AM**

**NAME:**

**ADDRESS:**

**CITY:**

**POSTAL CODE :**

**PHONE: H( )**

**B( )**

**EMAIL:**

**T-SHIRT SIZE (please circle your size)**

**Adult: S M L XL XXL Youth: L**

**PLEASE ARRIVE ½ HOUR BEFORE YOUR WALK IN ORDER TO REGISTER & TURN IN YOUR PLEDGES**

**I would like my pledges to support:**

**(Please circle horse)**

<b>BALOO</b>	<b>CASEY</b>	<b>COLONEL</b>
<b>DAISY</b>	<b>FLURRY</b>	<b>JESSE</b>
<b>MAGGIE</b>	<b>MARSHALL</b>	<b>MUSKOKA</b>
<b>OREO</b>	<b>PONGO</b>	<b>REDFORD</b>
<b>RIO</b>	<b>RONAN</b>	<b>SCOOTER</b>

CONFIRMATION: I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ [address], wish to participate in “Walk On” for CARD  
(**EVENT**) on Sunday May 24, 2015 and as such agree, on my own  
behalf and on behalf of my heirs, executors, administrators and/or  
assigns to release, indemnify and forever hold harmless the  
Community Association for Riders with Disabilities (“**CARD**”),  
sponsors of the Event, owners of the properties on which the Event  
takes place, and their respective directors, officers, employees,  
volunteers, agents and assigns from any claim or liability whatsoever  
including, without limitation, any causes of actions, suits, losses,  
damages, costs, charges, expenses, claims or liabilities relating to  
property damage or personal injury or death to myself or any other  
person or animal resulting from my participation in the Event. I agree  
to comply with all Event rules as directed by CARD and/or their  
agents, volunteers or employees. I further confirm my understanding  
that I must sign a photo consent and release (see over), and  
understand that I take part at my own risk.

I hereby certify and represent that I have read the foregoing and fully  
understand the meaning and effect thereof and am over the age of  
majority in my province/territory of residence (or have had my parent  
or legal guardian execute this release on my behalf) and intend to be  
legally bound.

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Date	Please Print Name	Signature
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Signature of parent or guardian if under the age of 18 or otherwise  
required.

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Date	Please Print Name	Signature
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**LIABILITY RELEASE**

**IN CONSIDERATION of the other valuable considerations and the treatment, therapy and assistance that the Community Association for Riders with Disabilities (“CARD”) has agreed to give me,**

**I \_\_\_\_\_, on behalf of myself, my heirs, executors, administrators and assigns hereby acknowledge that I am participating in “Walk On” for CARD (Event) on Sunday, May 24, 2015, and activities connected therewith concluded by CARD at my sole risk and I exonerate, release, indemnify and forever hold harmless CARD, sponsors of the Event, owners of the properties on which the Event takes place, and their respective directors, officers, employees, volunteers, agents and assigns from any claim or liability whatsoever including, without limitation, any causes of actions, suits, losses, damages, costs, charges, expenses, claims or liabilities relating to property damage or personal injury or death to myself or any other person or animal resulting from my participation in the Event.**

**Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_**  
**Address Month Year**

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**Name of Participant, Parent or Guardian (please print)**

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**Signature of Participant, Parent or Guardian**

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**Signature of Witness**

## PHOTO & WEBSITE CONSENT AND RELEASE

IN CONSIDERATION of the Community Association for Riders with Disabilities continuing to provide services to the community, I hereby

a) Grant permission to the said Association and anyone authorized by the said Association to take, use and reproduce, for the purpose of instruction, publication in scientific journals and for any other use for the benefit of the said Association, still or video photography of \_\_\_\_\_; and  
*( insert "myself" or name of participant )*

b) Release all claims on behalf of myself, my heirs, executors, administrators and assigns where I (or the said participant) may have had against the said Association, its directors, officers, employees, volunteers, affiliates, agents and assigns, for the use and reproduction of any still or video photography taken and used aforesaid.

\_\_\_\_\_  
*Name of Participant, Parent or Guardian (please print)*

\_\_\_\_\_  
*Signature of Participant, Parent or Guardian*

\_\_\_\_\_  
*Relationship to participant if under 18 years of age*

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

*Note: If signed by a parent or guardian of the participant, relationship to the participant must be inserted after the signature of the person signing this document.*