

| Sal | First Name | Last Name | Mailing Address | Credit Card Number <i>(if pledging by credit card)</i> | Expiry Date | \$ Donated | \$ Collected | Receipt Req'd | A | |
|-----|------------|-----------|---|---|-------------|------------|---------------------------|---------------|---|--|
| Ms. | Jane | Smith | 123 Main Street, Suite 101, Toronto, ON M9C 6X8 | 1 2 3 4 5 6 7 8 9 1 2 3 4 5 6 7 | 08/14 | \$50 | \$50 | ✓ | | |
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RELEASE, WAIVER OF LIABILITY, INDEMNITY AND CONSENT AGREEMENT:
 Walk to Fight Arthritis Release, Waiver of Liability, Indemnity and Consent Agreement. Read Carefully. In consideration of the acceptance of my application and of my registration as an entrant in the 2012 Walk to Fight Arthritis in support of The Arthritis Society, I, acknowledge and agree as a participant on my own behalf and/or as the parent or guardian of the minor aged participants identified below, and for our respective heirs, administrators and executors, hereby waive, release, discharge and hold harmless The Arthritis Society and all other organizations, sanctioning bodies and sponsoring companies from any and all causes of actions, actions, suits, claims and demands for damages, liability, indemnity, expenses, interest fees and costs, including legal fees in respect to injury, loss or damage of every nature and kind to my or the minor's listed below, person or property, however caused, resulting from our participation in the Walk to Fight Arthritis whether as a spectator or participant. I warrant that I and each of the minors identified below are physically fit and in the proper physical condition to participate in the Walk to Fight Arthritis. I acknowledge that I have carefully read this Release, Waiver of Liability, Indemnity and Consent Agreement, fully understand its terms without reservation, understanding that I have given up substantial rights by signing it, and have signed it freely and voluntarily without inducement, assurance or guarantee being made to me and intend my signature to be a complete, final and unconditional release of all liability to the greatest extent allowed by law. I further agree to permit The Arthritis Society and the event sponsors to use any photographs and/or video of me or the minors identified below taken in the course of our participation in the Walk to Fight Arthritis event, and for The Arthritis Society and the event sponsors to use these photographs and/or video in any media, communications materials, website, special promotions and territory from time to time and for as long as The Arthritis Society and the event sponsors may consider appropriate. All personal information disclosed on this form is treated as confidential. We will use your personal information to: fulfill any requests you've made of us, tell you about our programs and services, and ask for your financial support. If you do not want any further contact with us, please call 1.800.321.1433.

Charitable Registration Number: 108071671RR0003

Participant Name: _____ Participant Signature: _____

Parent/Guardian Signature:(If participant is under 18 years): _____ Date: _____

Additional Minors: _____