



Sunday, September 27, 2009

**MARATHON
HALF-MARATHON
5K RUN/WALK/WHEELCHAIR**



Charity Challenge Registration Form

Event:	<input type="checkbox"/> 5K RUN - \$30.00	<input type="checkbox"/> Half Marathon - \$60.00	<input type="checkbox"/> Full Marathon - \$60.00
Estimate Finish Time:	Hrs: Min: Sec:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
First Name:			
Last Name:			
Address:			
City / Province:		Postal Code:	
Telephone (day):		Telephone (evening):	
Email:			
Date Of Birth	Y: M: D:	Age On Race Day:	
Shirt Size:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		
<small>Shirts are Sexed/Sized Technical for Marathoners and Unisex Cotton for 5k and Half-Marathoners. Shirts distributed first come, first serve and must be picked up at the Runners' Expo only.</small>			
If you own a ChampionChip, enter it here:			
Pasta Dinner:	<input type="checkbox"/> \$25 - 5pm <input type="checkbox"/> \$25 - 7pm	Post Race Massage:	<input type="checkbox"/> \$15
List any medical conditions:			
Charity Challenge Team:	Rose Of Durham Red Petals	Charity Challenge PIN Code:	

RELEASE, WAIVER, AND INDEMNITY: In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the SCOTIABANK TORONTO WATERFRONT MARATHON, HALF-MARATHON AND 5K RUN/WALK Sunday, September 27th, 2009 I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE The City of Toronto, The Toronto Police Service, The Toronto Police Services Board, The Chief of Police, The Toronto Transit Commission, Toronto and Region Conservation Authority, The Toronto Port Authority, Athletics Canada, OTFA, ORA, Canada Running Series, Scotiabank, Adidas, Sporting Life Inc., and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to periodic mailings, both electronic and physical, from CANADA RUNNING SERIES, and to allow the use of any photographs taken of me in the run, by the organizers, for future event promotional purposes. Such photos are not to be used for any other commercial or re-sale purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

I, (please print) _____, agree to the above.

Signature: _____ Date: _____

Please make cheques payable to: **Rose Of Durham**

Send completed form and payment to: **Rose Of Durham (attn: Janet Chappelle), 200 Bond St W, Oshawa, ON, L1J 2L7**

Donation Collection Form



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HALF-MARATHON
5K RUN/WALK/WHEELCHAIR**



200 Bond St W, Oshawa, ON, L1J 2L7
905-432-3622 • www.roseofdurham.com

Full Name:				Team Name:	Rose Of Durham Red Petals
Address:				City/Province:	
Postal Code:		Phone:		Fax:	
Email:					

Donor Name (please print clearly)	Address, City, Province	Postal Code	Phone	Donation \$	Paid	Receipt Requested
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
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					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
					<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/>
				Total Collected:		

Please make cheque payable to The Rose of Durham. All donation forms and pledges should be forwarded directly to Rose of Durham. Charitable Donation Receipts will be issued by Rose of Durham.