



superwalk.ca

PLEDGE FORM

This September, bring hope to your walk.

Walk Location

Participant Information

Last Name	First Name	Phone Number
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Street Address	Email Address
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City	Province	Postal Code	Are you part of a team? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please select your age group <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> 56-64 <input type="checkbox"/> 65+	Gender	Team Name
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Are you living with Parkinson's disease? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	Including this year, how many years have you participated in SuperWalk?
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Register online at superwalk.ca
Or by phone at 1 (800) 565-3000

Waiver

I agree that I am participating in Parkinson SuperWalk (PSW) voluntarily and do so at my own risk. I hereby fully release Parkinson Canada, the corporate sponsors of PSW, and any other parties connected in any way with PSW, as well as their respective officers, directors, agents, employees, staff and volunteers, from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of my participation in PSW or any of the activities associated therewith. I consent to being provided with emergency treatment in the event of my illness or injury during my participation in PSW, and agree to not hold Parkinson Canada responsible for any costs associated with such treatment. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by Parkinson Canada in any manner whatsoever, including print, broadcast, or the Internet. By signing below, I confirm that I have carefully read this Release and Consent and fully understand and agree to its contents.

Signature of Participant

Signature of Guardian (if under 18)

Privacy Statement

Parkinson SuperWalk and Parkinson Canada collects personal information to communicate with supporters about initiatives and fundraising. By providing your information, you give consent to be contacted.
For a copy of our privacy policy, please contact us:
donating@parkinson.ca or call 1 (800) 565-3000.

Our sponsors



Charitable Registration #10809 1786 RR0001
parkinson.ca



superwalk.ca

PLEDGE FORM

Mail to: Parkinson Canada
Attn: Parkinson SuperWalk
316 – 4211 Yonge Street, Toronto, ON. M2P 2A9

Participant

Walk Location

Please print clearly.

Full Name <small>First and last</small>	Phone	Email
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Address <small>Street / City / Province / Postal code</small>	Amount <input type="checkbox"/> Cash \$ <input type="checkbox"/> Cheque
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Full Name <small>First and last</small>	Phone	Email
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Full Name <small>First and last</small>	Phone	Email
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Address <small>Street / City / Province / Postal code</small>	Amount <input type="checkbox"/> Cash \$ <input type="checkbox"/> Cheque
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If you need help, please visit superwalk.ca, email donating@parkinson.ca or call 1(800)565-3000.

Everyday
HEROES
Extraordinary
HOPE

Our sponsors



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