

Register online at superwalk.ca

or call 1(800)565-3000



Pledge form

Participant information

Walk location

First name	Last name	Email						
Address		City	Province	Postal code				
Gender	Phone	Please select your age group						
		<input type="checkbox"/> Under 12	<input type="checkbox"/> 12-17	<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-40	<input type="checkbox"/> 41-55	<input type="checkbox"/> 56-64	<input type="checkbox"/> 65+

Team name

Including this year, how many years have you participated in SuperWalk?

Team Captain?

 Yes No

Are you living with Parkinson's?

 Yes No

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 organization number
10809 1786 RR001

™ PARKINSON CANADA SUPERWALK is
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Return your pledge forms to a Parkinson Canada office or by mail to make your walk day check-in easier. Get them in by **August 31st** and see your totals counted on your walk day!

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

Please print clearly, complete all fields and do not include funds collected online.

Participant	Walk location	Team name
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Pledges

First Name	Last Name		
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Address	City	Province	Postal code
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Email	Phone	Amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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First Name	Last Name		
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Address	City	Province	Postal code
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Email	Phone	Amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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First Name	Last Name		
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Address	City	Province	Postal code
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Email	Phone	Amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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First Name	Last Name		
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Address	City	Province	Postal code
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Email	Phone	Amount \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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Do you need help? Contact us at email: superwalk@parkinson.ca | phone: **1(800) 565-3000**

Tax receipts will be automatically issued for donations over \$20. Tax receipts will be mailed by February 28th, of the following year. Tax receipts cannot be issued if information is incomplete.



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