



## Participant Offline Donation Summary Form & Waiver

Walk Location: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

A. Total Amount of Cheques Submitted: \_\_\_\_\_

B. Total Amount of Cash Submitted: \_\_\_\_\_

C. Total Cheques + Cash Submitted (Sum of Lines A + B): \_\_\_\_\_

- I have provided the full name, address, email, and phone number for the donations listed on the pledge form(s) I am submitting today.
- I have reviewed the information on this form and confirm that the totals match what I am submitting on my pledge form(s).

\_\_\_\_\_

\_\_\_\_\_

Participant Signature

Date

### Privacy Statement

Parkinson Canada 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 by email at [superwalk@parkinson.ca](mailto:superwalk@parkinson.ca) or call 1-800-565-3000.

**If you have not registered for the Parkinson Canada SuperWalk online, you must fill out the information below and the waiver on the back of this form.**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARKINSON CANADA SUPERWALK RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
AND ASSUMPTION OF RISKS**

**PLEASE READ CAREFULLY**

In return for Parkinson Canada Inc. ("**Parkinson Canada**") allowing me to participate in the Parkinson Canada SuperWalk (the "**Activity**") and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement.

I AM AWARE AND UNDERSTAND THAT THE ACTIVITY INVOLVES RISKS, DANGERS, AND HAZARDS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY, DEATH OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY. I FREELY ACCEPT AND FULLY ASSUME ANY AND ALL OF THE RISKS, DANGERS AND HAZARDS INVOLVED AND THE POSSIBILITY OF INJURY, DEATH OR PROPERTY DAMAGES, WHETHER CAUSED BY THE NEGLIGENCE OF PARKINSON CANADA OR OTHERWISE.

I HEREBY EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS which I have or may have in the future against Parkinson Canada, the corporate sponsor of the Activity, and its officers, directors, agents, employees, volunteers, successors and assigns, and any other parties connected in any way with the Activity, (collectively, the "**Releasees**"), 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 the Activity 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 the Activity and agree to not hold Parkinson Canada or any of the other Releasees 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.

**I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP AND WAIVING CERTAIN RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE.**

**Sign here if Participant is an Adult:**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign here if Participant is under the age of 18 years old:**

Name of Participant under the age of 18 years: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_