

PARTICIPANT (REQUIRED)	WALK LOCATION (REQUIRED)	TEAM NAME	MY PERSONAL PLEDGE Enter your personal donation to SuperWalk here →	PLEDGE \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
FIRST NAME LAST NAME	STREET ADDRESS (REQUIRED)	TELEPHONE		PLEDGE \$
	CITY (REQUIRED) PROV. (REQUIRED) POSTAL CODE (REQUIRED)	EMAIL (OPTIONAL)		<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE

PLEDGES: Please print clearly, complete all fields and do not include funds collected online. Tax receipts will be automatically issued for donations \$20 and over and will be mailed by February 28th of the following year. Tax receipts cannot be issued if information is incomplete. Return or mail your pledge forms to a Parkinson Canada office to make your walk day check-in easier. Get them in by August 31st and see your totals counted on your walk day!
Parkinson Canada Attn: SuperWalk 316-4211 Yonge St. Toronto, ON. M2P 2A9

SHEET ___ of ___ SHEETS	TOTAL COLLECTED THIS SHEET	\$
Copy this sheet if you need more space or download one at donate.parkinson.ca/swpledge	TOTAL OF ALL SHEETS	\$

Waiver

I agree that I am participating in Parkinson Canada 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)

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Participant Information

Walk Location	
First Name	Last Name
E-mail address	
Street address	
City	Province
Postal Code	Phone Number
Including this year, how many years have you participated in SuperWalk?	
Team Name	Are you living with Parkinson's ?
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Team Captain <input type="checkbox"/>	Gender
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please select your age group	
<input type="checkbox"/> 12 Under <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+	
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: superwalk@parkinson.ca or call 1 (800) 565-3000.

Our Sponsors



Travel Insurance Office Inc.



JOIN US THIS SEPTEMBER

Register online at superwalk.ca or call 1 (800)565-3000



NO MATTER WHAT