

WAIVER

I agree that I am participating in Parkinson SuperWalk (PSW) voluntarily and do so at my own risk. I hereby fully release Parkinson Society British Columbia (PSBC), Parkinson Canada (PC), 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 Society British Columbia and 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 Society British Columbia in any manner whatsoever, including print, broadcast, or the Internet.

Parkinson SuperWalk and Parkinson Society British Columbia collect personal information to communicate with supporters about initiatives and fundraising. By providing your information, you give consent to be contacted.

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 the participant is under 18 years of age, a signature is required by their legal guardian)



www.parkinson.bc.ca/superwalk
1-800-668-3330

PARTICIPANT INFORMATION

Walk Location		Team Name	
First Name		Last Name	
Email Address		Phone Number	
Street Address			
City		Province	Postal Code
Gender	Including this year, how many years have you participated in SuperWalk?		Team Captain <input type="checkbox"/> Yes <input type="checkbox"/> No
Please select your age group <input type="checkbox"/> Under 16 <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> 56-64 <input type="checkbox"/> 65+			
What is your connection to Parkinson's disease? <input type="checkbox"/> Person with Parkinson's <input type="checkbox"/> Carepartner/Caregiver <input type="checkbox"/> Family member of person with PD <input type="checkbox"/> Friend of person with PD <input type="checkbox"/> Healthcare professional or researcher <input type="checkbox"/> Co-worker has PD <input type="checkbox"/> Other: _____			
Would you like incentive prizes? There is a cost to provide gift card incentives to our walk participants. Please indicate your choice. If neither box is checked, incentives will not be sent and the funds saved will be invested in programs, services, advocacy, and research for the Parkinson's community. For information about incentives, visit: www.parkinson.bc.ca/superwalk <input type="checkbox"/> Yes <input type="checkbox"/> No			

OUR SPONSORS

National Sponsors:



BC Print Sponsor:



SWPF20WEB

YOUR INFORMATION:	PARTICIPANT NAME	WALK LOCATION	TEAM NAME		
MY PERSONAL PLEDGE Enter your personal pledge to Parkinson SuperWalk here.					
			PLEDGE \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE		
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	EMAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	EMAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	EMAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	EMAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	EMAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	EMAIL (OPTIONAL)			<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE
NAME	ADDRESS (REQUIRED)	CITY	PROV.	POSTAL CODE	PLEDGE \$
	TELEPHONE	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.

Please make all cheques payable to Parkinson Society British Columbia.

Return or mail your pledge forms to:
Parkinson Society British Columbia
 Attn: Parkinson SuperWalk
 Suite 600 - 890 West Pender Street, Vancouver, BC V6C 1J9

SHEET # ____ of ____	TOTAL COLLECTED THIS SHEET	\$
Out of space? Copy this sheet if you need more space or download one at parkinson.bc.ca/superwalk	TOTAL OF ALL SHEETS	\$

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