

# Josiah's Journey Global Weekend to Walk for SickKids

June 6<sup>th</sup> - 7<sup>th</sup> 2015

in support of the Paediatric Advanced Care Team (PACT) at SickKids Register online at [www.josiahjourney.ca](http://www.josiahjourney.ca)

Name \_\_\_\_\_ Team Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Register a team of 10 or more  
by May 1st to receive personalized t-shirts!



SPONSORS NAME	ADDRESS	CITY/PROVINCE	POSTAL CODE	PHONE	E-MAIL	PLEDGES	REC'D
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Step 1**

Register online.  
Collect pledges using this form.

**Step 2**

Please print clearly.  
Copy this sheet as many times as you need!

**Step 3**

If you register a team of 10 or more by May 1<sup>st</sup>, your official t-shirts can be personalized with your team name.

**Step 4**

Ask your business or corporation to match your donations.

**Step 5**

Tell your sponsors donations of \$20 or greater will receive an income tax receipt from SickKids Foundation. Be sure to provide complete mailing address.

Payment Method of Pledge \_\_\_\_\_ Total must equal amount here

**Total Pledges**

Cash \$ \_\_\_\_\_ Cheque \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_ Credit Card # \_\_\_\_\_ •Visa •M/C •Amex Expiry Date \_\_\_\_/\_\_\_\_

Credit card payments will be processed centrally by SickKids Foundation.

•I am unable to attend, but I want to donate \$ \_\_\_\_\_ (cheque or credit card info enclosed)

Please make cheques payable to SickKids Foundation.

Offline pledges can be mailed to Attention: Jade De Ciccio c/o Josiah's Journey SickKids Foundation 525 University Ave – 14th Floor Toronto, ON M5G 2L3

**RELEASE WAIVER AND INDEMNITY** In consideration of the acceptance of my registration to participate in Josiah's Journey Walk on June 6<sup>th</sup> and 7th, 2015, I, for myself, my family, my heirs, executors, administrators, successors, and assigns hereby release, waiver and forever discharge SickKids Hospital, and employees of SickKids Hospital, Josiah's Journey Walk event organizers and volunteers, and SickKids Foundation, all sponsoring companies and elected and appointed officials, successors and assigns, of and from all claims, demands, damages, costs, expenses, actions and causes of action whether in law or equity, in respect to death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in said event, whether prior to, during, or subsequent to the event, and notwithstanding that same may have contributed to or occasioned by the person or property howsoever caused, arising or to arise by reason of my participation in said event, whether prior to, during, or subsequent to the event, and not withstanding that same may have contributed to or occasioned by the negligence of the aforesaid. I further herby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. By submitting this entry, I acknowledge having read, understood, and agree to the above waiver, release and indemnity; I warrant that I am physically fit to participate in this event.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

SickKids Foundation Charitable Business  
Number: 10808 4419 RR0001

