

2019 WALK OF LIFE REGISTRATION AND DONATION FORM



If you need more forms for friends and family, please photocopy.

Participant Name _____ Email _____
 Address _____ City _____
 Province _____ Postal Code _____ Home Tel. _____ Other Tel. _____

Payment:

Cash Cheque

1. Make cheques payable to RMH Foundation
2. Make online donations at www.rmh.org/foundation
3. Return completed pledge sheets with all money collected the day of the event
4. RMH Foundation issues tax receipts for donation of \$10 or more, if donor's name/address is complete
 A registered charity cannot issue receipts in a name other than the name of the true donor
5. RMH Foundation Charitable Registration #11912 4121 RR 0001



Donations:

1	First Name		Last Name			\$	Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque						
	Email			Phone #			
2	First Name		Last Name			\$	Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque						
	Email			Phone #			
3	First Name		Last Name			\$	Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque						
	Email			Phone #			
4	First Name		Last Name			\$	Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque						
	Email			Phone #			
5	First Name		Last Name			\$	Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque						
	Email			Phone #			
6	First Name		Last Name			\$	Check If Tax Receipt Required <input type="radio"/>
	Suite#/Apt#	Address	City	Prov.	Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque						
	Email			Phone #			

By registering as a participant in the Ross Memorial Hospital 2019 WALK OF LIFE® (herein referred to as WOL) as part of the Cardiac Health Foundation of Canada's National Walk of Life Campaign, I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the Ross Memorial Hospital, Cardiac Health Foundation of Canada (CHFC), its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively Centre for Health Promotion and Rehabilitation), my permission to the taking of photographs and/or video recordings and waive any rights I have related to, any such photographs and/or video recordings, and consent to the use of any such photographs and/or video recordings, in whole or in part, by the Ross Memorial Hospital and The Cardiac Health Foundation of Canada. For allowing me to participate in the WOL, I RELEASE AND DISCHARGE the Ross Memorial Hospital and CHFC, and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of Ross Memorial Hospital and CHFC, organizers or otherwise.

Signature _____
 (Guardian if under 18)

Total Donations
 (this page) \$



CARDIAC HEALTH | **WALK®**
 FOUNDATION OF CANADA | **OF LIFE**