

# Quinn's Quest for a Cure REGISTRATION FORM

Payment by:  Cash  Cheque  
Event:  5K Race  3K Walk  1K Kid's Scamper

Name: \_\_\_\_\_ Sex: M  F

Age on race day: \_\_\_\_\_

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

City/Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adult Shirt Size:  Small  Medium  Large  X-Large

Youth Shirt Size:  Small  Medium  Large

## Waiver:

I know that running/walking a race is a potentially hazardous activity. I should not enter and run / walk unless I am medically able and properly trained. I also know that there will be motor vehicle traffic on parts of the route. I assume any and all other risks associated with running / walking the event including but not limited to falls, contact with other participants, the effects of weather including high heat and / or humidity, the surface conditions of the route, all such risks being known and appreciated by me. Knowing these facts, in consideration of Families of Spinal Muscular Atrophy Canada, Running Room Sports Inc., Event Sponsors, Volunteers and Organizers accepting this entry, I hereby for myself, my heirs, executors and administrators, waive and release any and all claims for damages sustained by me as a result of this run / walk event, for any cause whatsoever, including negligence.

I also consent to photographs being taken of me during the course of my participation in Quinn's Quest for A Cure and accept that these photos may be used by Quinn's Quest for A Cure for purposes related to it's activities and that I will not receive remuneration for such use.

I hereby acknowledge having read this Release and Waiver and I understand and accept its term.

Name of Athlete (please print): \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_

(Parent/Guardian if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

# Quinn's Quest for a Cure PLEDGE SHEET

\$  
Pledged

Amount  
Paid

Receipt  
required

Please add another sheet if more space is needed. Check if you want a receipt (issued for donations over \$10)

Name:	Address:	City/Postal Code:	E-Mail:			
Name:	Address:	City/Postal Code:	E-Mail:			
Name:	Address:	City/Postal Code:	E-Mail:			
Name:	Address:	City/Postal Code:	E-Mail:			
Name:	Address:	City/Postal Code:	E-Mail:			
Name:	Address:	City/Postal Code:	E-Mail:			
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Name:	Address:	City/Postal Code:	E-Mail:			
Name:	Address:	City/Postal Code:	E-Mail:			

**FOR OFFICE USE ONLY:** Amount received: \$ \_\_\_\_\_ Receiver's initials: \_\_\_\_\_ **TOTAL**

Please make cheques payable to FSMAC