



Centre for Self Awareness
 7925 E. Saanich Rd
 Saanichton, BC V8M 1T4
 Office: Mon-Thurs, 12-5pm
 544-0005

WALK-A-THON

OFFICIAL REGISTRATION FORM

SUN, JUNE 1, 2008
12:30 pm

Last Name																				
First Name																				
Name of Organization																				
No. and Street																			Apt #	

City/Prov _____ Tel # (_____) _____

Postal Code _____

Sex Female Male Age

EVENT: 5K WALK **OR** 10K WALK

Date _____

PLEASE MAKE CHEQUES FOR PLEDGES PAYABLE TO: Centre for Self Awareness

Please return this form to: Centre for Self Awareness
 7925 E. Saanich Rd
 Saanichton, BC V8M 1T4

RELEASE, WAIVER & INDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor in the Centre for Self Awareness' **WALKATHON on June 1, 2008**, I, for myself, my heirs, executors, administrators, successors and assigns, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE** the Centre for Self Awareness, the District of Central Saanich and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property **HOWSOEVER CAUSED**, rising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, **AND NOTWITHSTANDING** that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE or 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 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 AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

<input type="text"/>	<input type="text"/>	2008
PRINT NAME (if under 18 yrs. of age, Parent or Guardian to sign below)	Signature	Date

<input type="text"/>	<input type="text"/>	2008
PRINT NAME	Signature	Date

The personal information on this form is used to process an individual's registration, provide notification of next year's event, and remit tax receipts for the Victoria Centre for Self Awareness Society. Questions about this collection can be directed to the Centre for Self Awareness, Walk-a-Thon Program, 7925 E. Saanich Rd, Saanichton, BC V8M 1T4, 544-0005

WALKATHON PLEDGE SHEET

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

NAME	<input type="text"/>	ADDRESS / APT #	<input type="text"/>
CITY	<input type="text"/>	PC	<input type="text"/>
PHONE #	(<input type="text"/>) <input type="text"/>	PLEDGE	\$ <input type="text"/>

FUNDRAISER'S SIGNATURE	<input type="text"/>	DATE	<input type="text"/>	TOTAL AMOUNT PLEDGED THIS PAGE	\$ <input type="text"/>
------------------------	----------------------	------	----------------------	--------------------------------	-------------------------

PLEASE RETURN THIS PLEDGE FORM (S) WITH YOUR FUNDS COLLECTED TO THE CENTRE FOR SELF AWARENESS OFFICE, 544-0005

TOTAL AMOUNT PLEDGED OTHER PAGES	\$ <input type="text"/>
----------------------------------	-------------------------

TOTAL AMOUNT PLEDGED	\$ <input type="text"/>
----------------------	-------------------------

FOR OFFICE USE ONLY	TOTAL AMOUNT RECEIVED \$ <input type="text"/>	DATE RECEIVED <input type="text"/>	VERIFIED BY <input type="text"/>
----------------------------	---	------------------------------------	----------------------------------