

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 PSBC and PC 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 PSBC in any manner whatsoever, including print, broadcast, or the Internet. By signing below, I confirm that I have carefully read this Waiver 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 | I am Team Captain <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First Name | Last Name | |
| Email Address <input type="checkbox"/> YES, I CONSENT TO RECEIVE E-COMMUNICATIONS FROM PSBC | Phone Number | |
| Street Address | | |
| City | Province | Postal Code |
| Gender | Date of Birth (MM/DD/YYYY) | |
| What is your connection to Parkinson's disease (PD)? <input type="checkbox"/> I have PD <input type="checkbox"/> Carepartner/Caregiver <input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Healthcare professional/researcher <input type="checkbox"/> Other: _____ | | |
| Would you like to be included in our gift card incentive program? Our gift card incentive program is available to those who raise \$1,000+. There is a cost to the Society to provide these incentives. If you do not opt-in to the program, the funds will be reinvested 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 | | |

SW24PFWEB

OUR SPONSORS

BC Print Sponsor:

BondRepro

YOUR INFORMATION:

PARTICIPANT NAME

WALK LOCATION

TEAM NAME

MY DONORS

Enter your donor information in the table below. Please print legibly and in full so tax receipts can be issued appropriately.

Please make all cheques payable to Parkinson Society British Columbia.

| | | | | | |
|-----------|--------------------|------------------|-------|-------------|--|
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |
| FULL NAME | ADDRESS (REQUIRED) | CITY | PROV. | POSTAL CODE | DONATION \$ |
| | TELEPHONE | EMAIL (OPTIONAL) | | | <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE |

DONATIONS: Please print clearly, complete all fields, and do not include donations made online. Tax receipts will be 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.

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 \$ |

™ PARKINSON CANADA SUPERWALK is a trademark owned by Parkinson Canada. Parkinson SuperWalk in BC is being operated by Parkinson Society British Columbia under license of Parkinson Canada. Charitable Registration No. 11880 1240 RR0001