

## 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)



1021 W Hastings St, 9th Floor Vancouver, BC V6E 0C3

604-662-3240 | 1-800-668-3330

[www.parkinson.bc.ca](http://www.parkinson.bc.ca)

Charitable Registration No. 11880 1240 RR0001



**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"/> Friend <input type="checkbox"/> Other: _____ <input type="checkbox"/> Carepartner/Caregiver <input type="checkbox"/> Healthcare professional/researcher <input type="checkbox"/> Family member		

SW25PFWD

## 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
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 28<sup>th</sup> 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  
1021 W Hastings St, Vancouver, BC V6E 0C3

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](http://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.

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