

REGISTRATION FORM

(One registration form must be completed for each registered participant)

PLEASE PRINT CLEARLY AND COMPLETE ALL THE FOLLOWING INFORMATION

RACE PARTICIPANT'S NAME

MRS MS MISS MR FIRST NAME _____ LAST NAME _____ M/F _____ AGE _____

ADDRESS _____ CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE NUMBER () _____ TEAM NAME (IF APPLICABLE) SUBMIT TEAM ENTRIES VIA TEAM CAPTAIN _____

EMAIL ADDRESS _____ I'm a Mom (Please check box if you are a Mom)

Yes, I would like to receive information on the Mother's Day Run & Walk as well as other events from The Forzani Group Foundation.

The personal information provided by the applicant on this form shall be used by The Forzani Group Foundation for the sole purpose of organizing and managing the Mother's Day Run & Walk event and for providing future information on this event as well as other events sponsored or organized by The Forzani Group Foundation where the applicant has requested such information by checking the box above.

PLEASE READ CAREFULLY RELEASE AND WAIVER - AWARENESS OF RISK

I acknowledge and agree that running or walking or otherwise participating in a road race is a potentially hazardous activity and that I should not enter and run or walk unless I am medically able and properly trained. I also acknowledge and agree that although traffic control will be provided there will be vehicles on the course route and accordingly I assume the risk of running or walking in traffic. I also assume any and all other risks associated with running or walking in the Race including, but not limited to, slips and falls, contact with other participants, the effects of the weather, including rain and high heat and the condition of the roads, all such risks being acknowledged and appreciated by me. Acknowledging these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and hereby waive, release and discharge The Forzani Group Ltd. and all of its subsidiaries ("FGL"), The Forzani Group Foundation, CKLM Consulting, Race Headquarters, Mount Royal University, The Core - Calgary Eaton Centre/TD Square (20 Vic Management Inc.), the Race Director, the committee, officials and volunteers working at the Fitness Fair and event day, Race Sponsors, the City of Calgary, the Calgary Police Department, Calgary Parks and Recreation, the Calgary Health Trust, the Calgary Regional Health Authority, Alberta Health Services and other participants in the Race and all their respective agents, employees, officers, directors and assigns or anyone else acting for or on their behalf (collectively, the "Indemnitees"), from and against any and all claims for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this Race other than as a result of the gross negligence of the Indemnitees. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. Applications for minors (those under 18 years of age) will be accepted only with the minor's and one of his / her parents' signature. I hereby grant full permission to FGL and The Forzani Group Foundation and/or its authorized agents, to use any photographs, video tapes, motion pictures, recordings, or any other record of this Race and /or of me or my minor child as participant in this Race, for any legitimate purpose. I hereby acknowledge having read this Release and Waiver and by accepting a race number I understand and accept its terms and conditions.

Signature of participant &/or signature of parent/guardian (if participant is 18 or under) _____ Date: _____

AMOUNT PAID OR ENCLOSED: \$ _____

(Please refer to Registration Information for fee structure and deadlines)

_____ Special Entry \$ _____ (Includes an Event Registration & \$50 Tax Receipt)

_____ Youth Entry \$ _____

_____ Adult Entry \$ _____

_____ Team Entry \$ _____

Payment Method

Cash Cheque
 Visa Mastercard

**IF YOU REGISTER ONLINE
YOU ARE ABLE TO COLLECT
PLEDGES ONLINE!**

I AM ENTERING:

- 10 km Run
 5 km Run
 5 km Walk
 10 km Wheelchair
 5 km Wheelchair
 School Team**
 Corporate Team**
 Family Team**

T-SHIRT SIZE:

- YOUTH
 Small Medium
 Large
ADULT
 Small Medium
 Large X-Large
 XX-Large

**Please submit all team registrations together.

Card Holder's Name: _____

Card #: _____ Expiry: _____ / _____

Signature: _____

TO BE COMPLETED BY FGL STORE STAFF

Date received: _____

By: _____ Store#: _____