



Our Hospital Walk/Run

**April &
Friends
Walk**



REGISTRATION FORM

Space is limited. *April and Friends* is supervised by Canadore ECE students and instructors. The event is for children 18 months to 8 years of age. Children will enjoy a fun morning of supervised gym activities, a short walk and refreshments while you compete in the walk/run. In lieu of a registration fee, your child will collect \$20 in pledges and will receive an *April & Friends* lunch bag. Children who choose to collect \$40 + will receive the *April & Friends* steel water bottle and lunch bag. Those collecting \$60+ will receive the book *Farley and the Lost Bone* by Lynn Johnson, the *April & Friends* lunch bag & steel water bottle.

Cell Phone Number: _____

Parents Name: _____

Child's Name: _____ **Age:** _____

Mailing Address: _____

Emergency contact (day of event):

Name: _____ **Phone #:** _____

"PARTICIPATION In consideration of the acceptance in my application and the permission to participate as an entrant and/or as a volunteer in Our Hospital Mile, 5 km, 6 km, 8km or April & Friends Walk/Run on Sunday, October 16th, 2011 (the "Walk"). I WARRANT that I am physically fit to participate in this event. I, for myself, my heirs executors, administrators, successors, and assigns, HEREBY RELEASE, WAIVE, FOREVER DISCHARGE the North Bay Regional Health Centre, the North Bay Regional Health Centre Foundation, the City of North Bay, the North Bay Police, the Chief of Police, Canadore College, Nipissing University, Rogers Radio, all sponsors, contributors and volunteers, the Our Hospital Walk/Run organizing committee, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, directors, officers, employees, agents, successors and assigns, OF AND FROM ALL 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, arising or to arise by reason of my participation in the Walk, whether as a spectator, participant, volunteer AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of the aforesaid. PROMOTIONS I give my permission for and consent to the use of my name and picture on or in connection with any television or radio program, motion picture, print media or the advertising and publicising of the Walk as may be designated by the North Bay Regional Health Centre (the "Promotions") and waive all rights to remuneration or otherwise in connection with the Promotions. I FURTHER HEREBY UNDERTAKE TO INDEMNIFY, HOLD AND SAVE HARMLESS the North Bay Regional Health Centre, the North Bay Regional Health Centre Foundation, the City of North Bay, the North Bay Police, the Chief of Police, all sponsors, contributors and volunteers, the Our Hospital Walk/Run organizing committee, and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, directors, officers, employees, agents, successors and assigns from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the Promotions. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY.

Signature- Parent or Guardian

Date:
