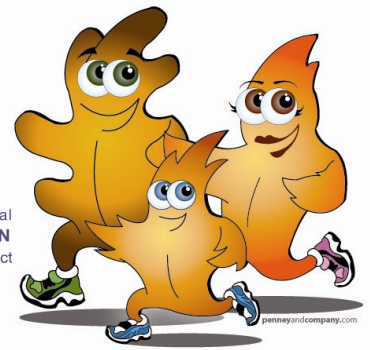




North Bay and District Hospital
 FOUNDATION ♥ FONDATION
 de l'Hôpital de North Bay et du district



REGISTRATION FORM

Space is limited. April and Friends is a supervised event for children 18 months to 8 years of age. Register you child for a fun morning of activities, while parents participate in the Walk/Run. Instead of a registration fee, your child collects \$20 in pledges and will receive a plush Farley Dog. Children who collect \$40+ will receive a Farley Dog and an autographed book by Lynn Johnson, *Farley Follows His Nose*.

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 2 km 5 km 10 km or April & Friends Walk/Run on Sunday, October 17th, 2010 (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 General Hospital, the North Bay and District Hospital Foundation, the City of North Bay, the North Bay Police, the Chief of Police, Canadore College, Nipissing University, Ministry of Energy and Infrastructure, , Ontario Realty Corporation, CB Richard Ellis, 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 and District Hospital Foundation or the North Bay General Hospital (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 General Hospital, the North Bay and District Hospital 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:
