

WE WANT YOUR 2017 PLEDGE AND REGISTRATION FORM!

# 2017 Annual Dash for Diabetes

If your pledge donation of cheque or cash is in excess of \$20... please indicate whether "Local area kids with Diabetes" (no tax receipt) or Robarts Diabetes research (tax receipt).



Note: Prefer Cheques wherever possible and please consider replacing all cash that you collect with your own personal cheque along with names of donors and addresses of those requiring tax receipt. Thanks!

Participant: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1 \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number \$ \_\_\_\_\_  
Address (needed if getting a tax receipt for a donation over \$20) Email

Number of Pledges ( )  
Total Dollar Amount Cheques (\$) ) Total Dollar Amount in Cheques and Cash (\$ )  
Total Number of Cheques ( ) =Total Amount of My/Our 2017 Pledge Sheet (\$5 entry fee if no pledges)  
Total Dollar Amount of Cash (\$) )

Note: Please use above format for any pledges on reverse side of this pledge/registration form and hand in at Registration desk 8:30 AM day of event. Please print clearly with all basic address data.

Release, Waiver, and Indemnity: In consideration of my application and the permission to participate as an entrant or competitor in the Annual Kincardine "DASH FOR DIABETES" (D4D-12) run/jog/walk on Saturday, July 1st, 2017, I, for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE all race officials and volunteers and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, 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 said event. I agree to accept periodic mail and email from "Team CDN!" and Dash for Diabetes. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

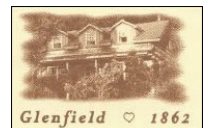
Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Sex: M F  
Age on Race Day:

Weight this year (optional): \_\_\_\_\_ lbs. Target next year: \_\_\_\_\_ lbs.

START TIME: 9:00 AM FINISH TIME THIS YEAR 2017: \_\_\_\_\_ = \_\_\_\_\_ hrs. \_\_\_\_\_ minutes \_\_\_\_\_ seconds



**2** \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number  
\_\_\_\_\_  
Address Email \$ \_\_\_\_\_

**3** \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number  
\_\_\_\_\_  
Address Email \$ \_\_\_\_\_

**4** \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number  
\_\_\_\_\_  
Address Email \$ \_\_\_\_\_

**5** \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number  
\_\_\_\_\_  
Address Email \$ \_\_\_\_\_

**6** \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number  
\_\_\_\_\_  
Address Email \$ \_\_\_\_\_

**7** \_\_\_\_\_ CASH  CHEQUE   
First Name Last Name Area Code + Phone Number  
\_\_\_\_\_  
Address Email \$ \_\_\_\_\_

Please make all cheques payable to: DASH for DIABETES  
Dash for Diabetes, c/o Frank Gardiner,  
23 Huron Street North, R.R. # 3 (PORT ALBERT)  
GODERICH, ONTARIO  
N7A 3X9

Robarts Research Institute  
Charitable Business Number  
# 10816 2587 RR0001

Phone: (416) 486-1471 | (519) 529-3624  
Email: glenfield@sympatico.ca

[www.curediabetesnow.hurontel.on.ca](http://www.curediabetesnow.hurontel.on.ca)