

WE WANT YOUR 2014 PLEDGE AND REGISTRATION FORM!

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 Roberts Diabetes research (tax receipt).



Annual Dash for Diabetes

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 2014 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, June 28th 2014, 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: _____

Weight this year (optional): _____ lbs. Target next year: _____ lbs.

Sex: M F
 Age on Race Day:

START TIME: 9:00 AM FINISH TIME THIS YEAR 2014: ____ = ____ 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