

REGISTRATION AND DONATION - OFFLINE FORM

If you need more forms for friends and family, please photocopy.

Participant Name _____ Email _____

Address _____ City _____

Province _____ Postal Code _____ Home Tel. _____ Other Tel. _____

Registration Fee Options: Walk, Run, Wheel

ADULTS

- Option 1:** \$25 Early Bird Registration Fee, or
\$30 Registration Fee after May 20, 2016
OR
- Option 2:** Raise \$50 in donations.

CHILDREN

- Ages 10 & under: Registration is **FREE**



1. Please make cheques payable to McMaster University.
2. McMaster University issues tax receipts for donations of \$10 or more, if donor's name/address is complete and legible.
3. McMaster Cardiac Rehab Program Charitable Registration #11903 5988 RR0001.

Donations:

1	First Name	Last Name			\$	
	Suite#/Apt#	Address	City	Prov. Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					Check If Tax Receipt Required <input type="radio"/>
	Email	Phone #				
2	First Name	Last Name			\$	
	Suite#/Apt#	Address	City	Prov. Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					Check If Tax Receipt Required <input type="radio"/>
	Email	Phone #				
3	First Name	Last Name			\$	
	Suite#/Apt#	Address	City	Prov. Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					Check If Tax Receipt Required <input type="radio"/>
	Email	Phone #				
4	First Name	Last Name			\$	
	Suite#/Apt#	Address	City	Prov. Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					Check If Tax Receipt Required <input type="radio"/>
	Email	Phone #				
5	First Name	Last Name			\$	
	Suite#/Apt#	Address	City	Prov. Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					Check If Tax Receipt Required <input type="radio"/>
	Email	Phone #				
6	First Name	Last Name			\$	
	Suite#/Apt#	Address	City	Prov. Postal Code		
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque					Check If Tax Receipt Required <input type="radio"/>
	Email	Phone #				

By registering as a participant in the McMaster Cardiac Rehabilitation Program WALK OF LIFE® (herein referred to as WOL), I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the McMaster Cardiac Rehabilitation Program, Cardiac Health Foundation of Canada (CHFC), its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively McMaster Cardiac Rehabilitation Program), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE AND DISCHARGE the McMaster Cardiac Rehabilitation Program and CHFC, and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of McMaster Cardiac Rehabilitation Program and CHFC, organizers or otherwise.

Total Donations
(this page) \$

Signature _____
(Guardian if under 18)

