

The Daisy
Foundation

Helping
God's
Little
Angels



BRAMPTON
Flower City

WALK FOR DAVM AWARENESS

Bringing Awareness forward one step at a time

REGISTRATION AND CONSENT FORM

This form is available for participants to register. Please complete the form and make sure you provide the consent. You can either email the form to info@thedaisyfoundation.ca or submit the form at the walk-a-thon location. Registration fee can also be collected at the walk-a-thon location counter.

REGISTRATION INFORMATION

Participant's Name:

Address:

City: _____ *Prov:* _____ *PC:* _____

Phone: _____ *Email Address:* _____

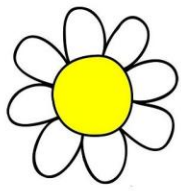
Emergency Contact Name: _____ *Phone:* _____

Registration Fee/Donation (Minimum of \$10) Amount \$ _____ Cash Check

Please make check(s) payable to: "The Daisy Foundation" with "Walk for DAVM Awareness" on memo.

For additional information: call 416-252-1205 or email info@thedaisyfoundation.ca

Thank you for your generous support!



The Daisy
Foundation

Helping
God's
Little
Angels



BRAMPTON
Flower City

PARTICIPANT CONSENT:

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue me, against The Daisy Foundation as a result of my participation in this event. This release is intended to discharge The Daisy Foundation, its trustees, officers, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the event. I further understand that accidents and injuries can arise out of the event; knowing risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who might otherwise be liable to me (or my heirs or assigns) for any loss or damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. It is the intention of the parties hereto that the provision of this paragraph be interpreted to impose on each party responsibility for their own negligence. I acknowledge that I have been fully informed of the risks and dangers involved in this event. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. I am signing this release of my own free will and I have not been influenced or coerced by any representative or member of The Daisy Foundation.

Signature of Participant: _____ Date: _____