

21st Annual Achilles St. Patrick's Day Race

Sunday, March 15, 2020



REGISTRATION FORM

Runner's/Walker's Name: _____

Address: _____ City: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Date of Birth: (DD/MM/YY) _____ Age on Race Day: _____ Sex (M/F): _____

Team Name: (if applicable) _____

- T-Shirt Size (please check one) XS S M L XL
- Participant Type (please check one) Runner Walker Achilles Athlete

Achilles Athlete Disability Type _____

- | | | | | | | | |
|--------------------------|--------------------------|------------------------|-------------------|----------|--------------------------|-------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 10km Individual | Nov. 16 – Feb 14 | \$60.00 | <input type="checkbox"/> | Feb. 15 – Mar. 11 | \$70.00 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5km Individual | Nov. 16 – Feb 14 | | <input type="checkbox"/> | \$45.00 | Feb. 15 – Mar. 11 |
| | | | | | | | |
| <input type="checkbox"/> | | 5km Team | Oct. 19 – Feb. 14 | \$400.00 | <input type="checkbox"/> | Feb. 15 – Mar. 11 | \$500.00 |
| <input type="checkbox"/> | <input type="checkbox"/> | 1km Kids Race | Oct. 19 – Mar. 11 | \$10 | | .00 | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Pack | Oct 19 – Feb 14 | \$100.00 | <input type="checkbox"/> | Feb. 15 – Mar. 11 | \$120.00 |

- **No Refunds or Transfers**
- **Payment by Cash or Cheque Only. Please make cheques payable to Achilles Canada.**
- Method of Payment: Cash Cheque Amount Enclosed _____

If you want to pay by Credit Card, please register online at www.achillesstpatricksdays5k.ca.

Release, Waiver, and Indemnity

In consideration of the acceptance of my application and the permission to participate as a participant in the 20th Annual Achilles St. Patrick's Day Events on Sunday, March 17, 2019, I for myself, my heirs, executors, administrators, successors, and assigns, hereby release waiver and forever discharge The City of Toronto, The Toronto Police Services Board, The Toronto Police Service, The Members of the Toronto Police Service Auxiliary Program, The Chief of Police, The Toronto Transit Commission, Achilles Canada, and Steam Whistle Brewing, all other association, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, 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 rising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, and notwithstanding the same may be contributed to, or occasioned by, the negligence of any of the aforesaid.

I further hereby undertake or hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in anyway connected with, my participation in the said event.

By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release, and indemnity. I warrant that I am physically fit to participate in this event.

Signature of Athlete (Parent/Guardian if entrant is under 18 years of age) _____

Date (DD/MM/YY) _____

123 Snowdon Avenue, Toronto, Ontario M4N 2A8 | 647-998-6451

Reg. Charitable Number: 86307 8721RR0001

Learn more about us at www.achillescanada.ca

