



20th Annual Achilles Canada

St. Patrick's Day Run/Walk Events

Sunday, March 17, 2019

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) XS S M L XL
- Course/Fee (please check one) Runner Walker Achilles Athlete
- Achilles Athlete Disability Type _____
 - Early Bird (by January 15) \$40.00 Registration (January 16 - February 29) \$45.00
 - Late Registration (March 1 - 15) \$50.00
- **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 an entrant or competitor 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 The Running Room Canada, 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 | 416-485-6451 | Fax: 416-485-0823
www.achillesstpatricksdays5k.ca | Reg. Charitable Number: 86307 8721RR0001

Learn more about us at www.achillesstpatricksdays5k.ca

