



5K YOUR WAY OFFLINE REGISTRATION FORM

Please complete the following registration form and **fax it to:**
The Princess Margaret Hospital Foundation **(416)946-6563** by **October 5, 2009**

Team Name: _____

Fund Name (if known): _____

First Name: _____ **Last Name:** _____

Sex: Male Female (please circle one) **Date of Birth (mm/dd/yyyy):** ___/___/___

Would you like to participate in: 5km Walk 5km Run

Shirt Size: X-Small Small Medium Large X-Large (please circle one)

Note: sizes are unisex and cannot be guaranteed

Address: _____

Apt#: _____ **City/Town:** _____

Prov/State: _____ **Postal/Zip:** _____ **Country:** _____

Email: _____

Toronto Marathon will email confirmation once your registration has been processed.

Day Phone: _____ **Ext.:** _____

The Toronto Marathon strongly advises all participants to seek the advice of a physician before embarking on any running program. Please list any medical conditions you are aware of:

Payment Information: Visa Mastercard Amex

Credit card number: _____

Expiry date: _____

Name on credit card: _____

Cardholder Signature: _____

REMEMBER TO SIGN WAIVER

WAIVER, RELEASE AND INDEMNIFICATION

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant, competitor or volunteer in the GoodLife Fitness Toronto Marathon and any or all of the following events: the Half Marathon, Relay, 5K, Post Race Activities on Sunday October 18th, 2009 and any other 2009 GoodLife Fitness Toronto Marathon activities that take place prior to or after the event, including the use of my photograph/picture for marathon promotional purposes. I, for myself my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the City of Toronto, The Toronto Board of Commissioners of Police, The Toronto Police, The Toronto Auxiliary Police Force, The Chief of Police, The Toronto Transit Commission, The Ministry of Transportation of Ontario, The Ontario Track and Field Association, Athletics Canada, Sidan Traffic Control Services, GoodLife Fitness, Princess Margaret Hospital, Canadian Diabetes Association, and their volunteers and employees, all sponsors and contributors, Running First Ltd., Jay Glassman, The GoodLife Fitness Toronto Marathon Organizing Committee, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, 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 HOWEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor, volunteer or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way 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.

Dated this _____ **day of** _____, **20** _____

Signature: _____



The Princess Margaret
Hospital Foundation