



**GEORGIAN BAY**  
WALK • RUN • POLE  
2K. 5K. 10K

Save Lives Locally

**Do It For Life**

www.PSRun.com

# Registration Form

## Sunday, May 28th, 2017 – Parry Sound

Registration Fee: \$25

Minimum Pledges: \$100 - Adults \$75 - ages 14-18 \$50 - under 14 **FREE registration** - \$200 in pledges

Family Rate (4+): Half of the minimum pledges for each age group plus registration fee of \$25 each

### Mandatory Information:

Race Length: (Please circle) 10K 5K 2K	2017 will be our 10th anniversary. Send us a comment!
Team Member? (Please circle) Yes or No	If Yes, Team Name:
First Name:	Last Name:
Street:	City:
Province / State:	Postal Code:
Day Telephone:	Evening Telephone:
Email:	
Date of Birth:	Age on Race Day:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Expected Finish Time:
T-Shirt: Long sleeve, t-shirt will have you looking good as you cozy up to relax after your morning's exercise!	<input type="checkbox"/> Adult <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Child    Small    Medium    Large    X-Large
Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Credit Card Number: _____ Exp. date _____

### Release Waiver and Indemnity

I, the applicant or legal guardian of applicant if applicant under 18 years of age, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release discharge and hold harmless The West Parry Sound Health Centre Foundation representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of any connection with my taking part in the Georgian Bay Run event and activities and notwithstanding that the same may have been contributed to or associated by the negligence of The West Parry Sound Health Centre Foundation representatives or agents.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Return the registration form to the Foundation office by May 10, 2017 to ensure your T-Shirt size.

**Contact:** cknox@wpshec.com or Cathy at 705-746-4540 x3348



west parry sound  
health centre  
**FOUNDATION**

CARING FOR YOU  
IN COTTAGE COUNTRY