

# ONSITE REGISTRATION

## WALK TO MAKE CYSTIC FIBROSIS HISTORY



|               |           |                |
|---------------|-----------|----------------|
| Walk Location | Team Name |                |
| First Name    | Last Name |                |
| Email         | Telephone |                |
| Address       |           | Suite or Apt # |
| City          | Province  | Postal Code    |

**How many children (12 and under) are you registering with you:**

**How many years have you participated in the Walk?**

**Please select your age range:**

13-17
  18-29
  30-39
  40-49
  50-59
  60-69  
 70+
  Prefer not to respond

**Please select your gender:**

Female
  Male
  Transgender
  Genderqueer  
 Non-binary
  Prefer not to say
  Other

**What is your connection to CF?**

I live with CF
  My spouse has/had CF  
 My child has/had CF
  My sibling has/had CF  
 My extended family member has/had CF  
 My friend has/had CF
  I am a CF caregiver  
 CF Professional (clinician, researcher)  
 Sponsor
  Prefer not to say
  Other

**Are you a Kin Canada member?**

Yes
  No
 If yes, which district #: \_\_\_\_\_  
 What is your club name: \_\_\_\_\_

### WAIVER, INDEMNITY & PHOTO RELEASE: Please read carefully

I agree: 1) That at all times during the Walk To Make Cystic Fibrosis History my safety remains my sole responsibility and 2) that I will discontinue from participating in this event if requested to do so by any representatives of Cystic Fibrosis Canada and 3) that I am aware of the inherent risks in participating in this event and voluntarily assume such risks. IN CONSIDERATION of acceptance as a participant in this event, I myself, my heirs, administrators and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE Cystic Fibrosis Canada and all its associations and sponsoring companies and all its respective agents, officials, officers, directors, employees, servants, conductors, representatives, successors and assigns OF AND FROM ALL claims, demands, payments, actions, causes of action, damages, costs and expenses, 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 AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the aforesaid. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by and or all of them arising as a result or in any way connected to my participation in said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED to the above AGREEMENT, RELEASE, WAIVER AND INDEMNITY, I WARRANT that I am physically able to participate in this event.

The undersigned also grants to Cystic Fibrosis Canada, in whole or in part, the right to use the film footage/photographs of myself or of my children, produced for promotional purposes, provided that said footage/prints, in whole or in part, including voice-overs, be used exclusively by the above mentioned organization.

\* In the event a parent or guardian is accompanying more than one minor from the same household, the parent or guardian is permitted to sign one waiver, as long as all participating minors are listed above. I approve and give my consent to the participation of the said minor(s) in this event and also adopt the above release for myself.

Signature\*

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Date

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By completing this form and submitting to Cystic Fibrosis Canada, you hereby consent to the collection and use, by the organization of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Our policy details are available by sending an e-mail to [info@cysticfibrosis.ca](mailto:info@cysticfibrosis.ca) with "Attention Privacy Officer" in the subject line, or by contacting Cystic Fibrosis Canada at 1-800-378-2233.

Charitable Registration: # 10684 51 00 RR001