

Please complete all fields clearly and legibly to ensure that your total fundraising efforts are reflected accurately.

Participant (First/Last Name):	Team Captain (First/Last Name) - only if applicable:
Address: Suite/Apt/Unit	Team/Participant Company:
City: Prov: Postal Code:	Team Name:
Participant Email:	Team Captain Department/Division/Branch/Store:
Tel: <input type="checkbox"/> *Participant Opt Out. I withdraw (Opt Out) my consent for JDRF to use my information for anything other than processing this pledge form.	To maintain the security of donors' credit card information, we have changed our processes to protect personal and financial information. If you or your donors would like to make a donation by credit card, please visit jdrf.ca/fundraiseyourway.

To ensure proper delivery of a tax receipt, information must be complete and legible. Tax receipts will be automatically issued for donation amounts of \$20 and over. Electronic tax receipts will be sent where an email address is listed below. All other tax receipts will be issued upon request. Full contact information is required for all tax receipts.	Donation Amount
Donor Name (First/Last) - Do not include your sponsors/donors who donated online: City: Prov: Postal Code:	
Home Street / Apt. / Unit #: Email:	
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<p>For Office Use Only</p> <p>Batch No: _____</p> <p>CA: \$ _____</p> <p>CQ: \$ _____</p> <p>Total: _____</p>	<p>WAIVER/RELEASE: ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER BY SIGNING THIS LEGAL DOCUMENT. YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY.</p> <p>Assumption of Risks and Assumption of Responsibility - I REALIZE THAT THERE ARE POTENTIAL RISKS INHERENT IN MY PARTICIPATION IN THIS EVENT. I am physically fit to participate in the event, and there are no medical or health concerns that would affect my participation in a physically demanding event. I freely and voluntarily accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, during all the time of this event, resulting from the travel arrangements, attendance at the event and any other related activities during this event. I accept my responsibility to abide by the laws of the country, to ensure that I have adequate medical coverage, protect personal possessions, and obey all the rules set out for this trip/event.</p> <p>Waiver and Release - BY SIGNING THIS WAIVER AND RELEASE I HEREBY ACKNOWLEDGE that in consideration of approval to participate in this event, I and any of my personal representatives, hereby agree to waive and release any and all claims on behalf of myself, heirs, executors and administrators against Juvenile Diabetes Research Foundation Canada, all sponsors, officials, employees, volunteers, organizers and any other party or person connected with this event in any way for any actions or causes of action, including negligence, blame or liability, demand, harm, loss of property, injury, illness or death which may directly or indirectly result from my participation in the event and activities associated with it. I also agree to hold harmless and indemnify Juvenile Diabetes Research Foundation Canada from any and all causes of action, demands, expenses, losses, costs and damages I incur as a result of my participation in this event. I acknowledge and agree that I have read this waiver and understand that I am giving up substantial rights by signing this waiver. I sign this waiver voluntarily. I shall permit the free use of my name and picture in publicity resulting from the event.</p> <p><input type="checkbox"/> I have read and fully understand and agree with the contents of this Waiver/Release prior to participating in the event.</p>	<p>Page Total: \$ _____</p> <p>Page _____ of _____</p> <p>Total pledged for all pages: \$ _____</p> <p style="text-align: center;">Please make cheques payable to JDRF.</p> <p style="text-align: center;">Charitable Business Number 11897 6604 RR0001</p>
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Signature of Participant or Guardian _____

Date _____