The 7th annual

Seize the Day

5k Run / 2.5k Walk

Goes Virtual

September 12 - 27, 2020

Presented by:

Guardian

Coulter's Pharmacy and Home Health Care

My Pledge Goal $

Instructions

- Please complete your pledge form, collect your pledges and return to ESWO office either by mail or on designated drop off days (Monday, September 7, 10am-3pm or Thursday, September 10 3pm-7pm).
- Please follow provincial safety precautions for COVID-19 when collecting pledges.
- Pledges of $20 or more are eligible for a tax receipt, but the donor **MUST** include their complete address to receive a receipt.
- Cheques should be made payable to Epilepsy Southwestern Ontario.
- Please encourage donors to provide their email address as a safer and more cost efficient way to deliver tax receipts.

Sponsor's Name	Sponsor's Address	City	Postal Code	Email Address	Amount Pledged	Cash	Cheque

For questions or more information, go to epilepsyswo.ca or call us at 519.433.4073

Total Amount Received $

Registration Form (Please Print Clearly)

Surname _____ First Name _____ ☐ Male ☐ Female

Address (include Apt. Number/ R.R. Number) _____

City _____ Province _____ Postal Code _____ Phone Number (include Area Code) _____

Participation is free and all participants must sign the following waiver:
In consideration of your acceptance of this registration, I hereby for myself, my heir, executors and administrators waive and release any and all rights and claims for damages I may have against Epilepsy Southwestern Ontario, their representatives, successors, and assigns, or against officers, directors, or representatives of any of the above for any or all injuries suffered by me in Seize the Day Walk/ Run. I also give permission for the free use of my name and/or picture in any broadcast/telecast or other account of this event. I further attest and certify that I am physically fit, and have sufficiently trained for participation in this event, and my physical condition has been verified by a licensed medical doctor. Charitable Reg. No. 11890-0802-RR0001.

Signature of Parent / Guardian if applicant is under 18 _____ Participant's Signature _____