



**Achilles Canada**

# St. Patrick's Day 5K Run/Walk

Sunday, March 18, 2012

Sponsored by



## Registration Form

Runner's/walker's name (please print clearly)

Address

City

Province

Postal Code

Phone

Email address

Date of birth (DD/MM/YY)

Age on race day

Sex (M/F)

Team Name (if applicable)

T-Shirt Size (please circle one)      XS                  S                  M                  L                  XL

Course/Fee (please circle one)      Runner                  Walker                  Achilles Athlete

Achilles Athlete disability type \_\_\_\_\_

Early Bird (by February 28) \$40.00                   Registration (March 1 – March 13) \$45.00

Late Registration (March 16 – 17) \$50.00                  No refunds or transfers.

Payment by cash or cheque only. Please make cheques payable to Achilles Canada.

Method of payment     Cash                   Cheque                  Amount Enclosed \_\_\_\_\_

If you want to pay by credit card, please register online at [www.achillesstpatricksdays5k.ca](http://www.achillesstpatricksdays5k.ca).

### Release, Waiver, and Indemnity

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the 13th Annual Achilles St. Patrick's Day 5K Run/Walk on Sunday, March 18, 2012. I for myself, my heirs, executors, administrators, successors, and assigns, hereby release waiver and forever discharge The City of Toronto, The Toronto Police Services Board, The Toronto Police Service, The Members of the Toronto Police Service Auxiliary Program, The Chief of Police, The Toronto Transit Commission, Achilles Canada, and The Running Room Canada, all other association, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, 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 howsoever caused rising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, and notwithstanding the same may be contributed to, or occasioned by, the negligence of any of the aforesaid.

I further hereby undertake or hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in anyway 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.

Signature of Athlete (Parent/Guardian if entrant is under 18 years of age)

Date (DD/MM/YY)

Mail your completed application to: Achilles Canada, 119 Snowdon Avenue, Toronto, ON M4N 2A8