# A Midsummer Night's Run - August 18, 2012

## REGISTRATION FORM

**EVENT** [ ] 30KM RUN [ ] 15KM RUN [ ] 15KM WALK
[ ] 5 KM RUN [ ] 5KM WALK [ ] 5KM FAMILY RUN/WALK

***First Name*** :_____ ***Gender*** M F

***Last Name*** :_____ **T-Shirt Size** XS S M L XL

***Address*** :_____ ***BIRTH DATE:*** ____ ____ ____
d m y

_____ ***AGE ON RACE DAY:***_____

***TELEPHONE***

***City*** :_____ ***DAY:*** _____

***NIGHT:*** _____

***Prov/State*** :_____ **Postal/Zip** _____

| | 30k/15k Pricing | 5K Pricing |
|---|---|---|
| **METHOD OF PAYMENT - CASH - CREDIT Card Type: [ ] Visa [ ] Mastercard [ ] AmEx** | **$55 until March 31** | **$40/80 until March 31** |
| | **$65 April 1 to July 31** | **$50/100 Apr 1 to Jul 31** |
| **Card#**_____ **Expiry:**_____ | **$75 from August 1** | **$60/120 from August 1** |

***email:***_____

***Past Participant? Y N***

**HOW DID YOU HEAR ABOUT OUR RACE?**

_____

**WHO DO YOU KNOW LIVING WITH ARTHRITIS?**

_____

**Run/Walk Club Name:**_____

A Midsummer Night's Run
Waiver and Release

I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I agree to abide by any decision of an event official concerning my ability to safely participate. I assume any and all risks associated with the event; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions.

As a condition of my entering this event, I, for myself, any accompanying minors, and anyone entitled to act on my behalf, waive and release A Midsummer Night's Run, Ltd. and any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers (herein collectively called "Event Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers. I agree that the Event Organizers shall not be liable for any personal injury, death or property loss, and I release the Event Organizers and waive all claims with respect thereto. In the event my registration fees are paid, I agree to be bound by the provisions of this waiver. I grant permission to Event Organizers to use or authorize others to use any photographs, motion pictures, or any other record of my participation in this event or related activities without remuneration. Applications for minors shall be accepted only with a parent's signature and should be signed by the minor.

Due to the nature of this event starting in the evening in sunlight and finishing at night in the dark and being held on a variety of surfaces (including but not limited to asphalt, concrete, dirt and gravel), as a participant I understand that this could be a cause for injury and take full responsibility for the decision to participate. I will hold neither the Event Organizers nor any of their sponsors or contractors, including, but not limited to Sick Kids Foundation, 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, The Toronto Region Conservation Authority or The Toronto Port Authority responsible for any injury I may incur by participating. I will take the needed precautions to protect myself from injury.

I agree that I will not sell, transfer or otherwise allow someone else to participate using my bib number. I also agree to participate in the event for which I registered, unless the registration is officially changed by the Race Director. I understand such actions will cause my number to be disqualified. I understand and acknowledge that race fees are non-refunable.

I have read this Waiver. I understand and accept its terms.

***SIGNATURE:***_____ ***DATE:***_____

**Please read the waiver. Your signature indicates your acceptance of the waiver's terms and conditions.**

**Please return completed Registration form to:**

**The Race Director, A Midsummer Night's Run P.O. BOX 72076, 1562 Danforth Ave., Toronto, Ontario M4J 1N4 or by to fax 416-502-0322**