



**SCOTIABANK TORONTO WATERFRONT
MARATHON, HALF-MARATHON & 5K RUN/WALK/WHEELCHAIR**

2007 FORT YORK FOOD BANK RUNNERS

**Scotiabank Toronto Waterfront Marathon
Registration Form**

First Name:	
Last Name:	
Address:	
City:	
Province:	
Postal Code:	
Telephone (Day):	
Telephone (Night):	
Email:	
Date of Birth (Y/M/D):	
Age on Race Day:	
Gender (M/F):	
Race (5km, Half, Full)	
Shirt Size (S/M/L/XL) (Shirts are Sexed/Sized Technical for Marathoners and Unisex Cotton for 5k and Half-Marathoners Shirts distributed first come, first serve and must be picked up at the Runners' Expo only)	
If you own a Champion Chip enter it here:	
Pasta Dinner (\$25 Cdn):	
Post Race Massage \$15 (Y/N):	
List any medical conditions:	



RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of my application and the permission to participate as an entrant or competitor in the SCOTIABANK TORONTO WATERFRONT MARATHON, HALF-MARATHON AND 5K RUN/WALK Sunday, September 30th, 2007 I for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVER AND FOREVER DISCHARGE The City of Toronto, The Toronto Police Service, The Toronto Police Services Board, The Chief of Police, The Toronto Transit Commission, Athletics Canada, OTFA, ORA, RCP INTERNATIONAL, Scotiabank, Adidas, Sporting Life Inc., and all other associations, sanctioning bodies and sponsoring companies, and elected and appointed officials, successors and assigns, OF AND FROM ALL 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, arising 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 that same may have contributed to or occasioned by the negligence of the aforesaid. I hereby agree to periodic mailings, both electronic and physical, from RCP INTERNATIONAL, and to allow the use of any photographs taken of me in the run, by the organizers, for future event promotional purposes. Such photos not to be used for any other commercial or re-sale purposes. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

I, _____, agree to the above/

Signature _____ Date _____



**SCOTIABANK TORONTO WATERFRONT
MARATHON, HALF-MARATHON & 5K RUN/WALK/WHEELCHAIR**

2007 DONATION COLLECTION FORM

Full Name: _____

Team Name: Fort York Food Bank Runners

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

Donor Name <i>(Please print clearly)</i>	Address City, Province	Postal Code	Phone #	Donation \$	PAID Cash or cheque	Receipt Requested
Total Collected:					\$	

Please make cheque payable to the Fort York Food Bank.
Charitable Donation Receipts will be issued by Fort York Food Bank.