2019 Peace of Minds Walk Pledge Form

Participant Name: _____ Team (*if applicable*): _____

Address: _____ Daytime Phone: _____

City/Province/Postal Code: _____ Email: _____

First Name	Last Name	Phone Number	Address	City	Prov	Postal Code	Amount Paid	Receipt (Y/N)

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO RELEASE AND WAIVE LIABILITY (See below. Read carefully)

Date _____ Participant Name _____ Signature X _____
(Print Name)

I AGREE that at all times during the Peace of Minds Walk and associated events, my personal safety remains my sole responsibility. I am aware of the health and safety risks of participating in the event and assume all such risks. I hereby give full permission to Schizophrenia Society of Ontario for the use of my name and photograph in connection with the Peace of Minds Walk. IN CONSIDERATION and the acceptance of my participation in the Peace of Minds Walk, I for myself, my heirs, administrators and legal representatives RELEASE, WAIVE AND FOREVER DISCHARGE expenses and all liability to Schizophrenia Society of Ontario and any Parties in respect of death, injury, loss or damage to my person or property which may be sustained as a result of my participation in the Peace of Minds Walk. The term “Parties” means the staff and volunteers of Schizophrenia Society of Ontario and all other associations, bodies, and sponsoring companies and all their representatives and successors.

Please ensure information is legible and complete. Make all cheques payable to "**Schizophrenia Society of Ontario**" and mail to:
95 King Street E, Suite 300
Toronto, ON, M5C 1G4 1-800-449-6367
BN# 129 904 058 RR0001
Questions? Please contact events@schizophrenia.on.ca or visit www.schizophrenia.on.ca