



superwalkbc.kintera.org

PLEDGE FORM

This September, bring hope to your walk.

Walk Location

Participant Information

Last Name	First Name	Phone Number
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Street Address	Email Address
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City	Province	Postal Code	Are you part of a team? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please select your age group <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41-55 <input type="checkbox"/> 56-64 <input type="checkbox"/> 65+	Gender	Team Name
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Are you living with Parkinson's disease?

Yes No Prefer not to answer

Including this year, how many years have you participated in Parkinson SuperWalk?

Would you like to receive incentive prizes?

There is a cost to provide gift card incentives to our walk participants. Please indicate your choice. If neither box is checked, incentives will not be sent and the money saved will be invested in programs, services, advocacy and research for the Parkinson's community. For further details about incentives, please visit www.superwalkbc.kintera.org

Yes No

Register online at superwalkbc.kintera.org or by phone at 1 (800) 668-3330.

Waiver

I agree that I am participating in Parkinson SuperWalk (PSW) voluntarily and do so at my own risk. I hereby fully release Parkinson Society British Columbia, Parkinson Canada, the corporate sponsors of PSW, and any other parties connected in any way with PSW, as well as their respective officers, directors, agents, employees, staff and volunteers, from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of my participation in PSW or any of the activities associated therewith. I consent to being provided with emergency treatment in the event of my illness or injury during my participation in PSW, and agree to not hold Parkinson Society British Columbia or Parkinson Canada responsible for any costs associated with such treatment. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by Parkinson Society British Columbia in any manner whatsoever, including print, broadcast, or the Internet. By signing below, I confirm that I have carefully read this Release and Consent and fully understand and agree to its contents.

Signature of Participant

Signature of Guardian (if under 18)

Privacy Statement

Parkinson SuperWalk and Parkinson Society British Columbia collect personal information to communicate with supporters about initiatives and fundraising. By providing your information, you give consent to be contacted.

For a copy of our privacy policy, please contact us at: events@parkinson.bc.ca or call 1 (800) 668-3330.

National Sponsor



BC Print Sponsor

BondRepro



Parkinson Society
British Columbia

Charitable Registration #11880 1240 RR0001
parkinson.bc.ca



superwalkbc.kintera.org

PLEDGE FORM

Mail to: Parkinson Society British Columbia
Attn: Parkinson SuperWalk
600 - 890 West Pender Street, Vancouver, BC V6C 1J9

Participant
Walk Location

Please print clearly.

Full Name First and Last	Phone	Email
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Address Street address / City / Province / Postal Code	Amount <input type="checkbox"/> Cash \$ <input type="checkbox"/> Cheque
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If you need help, please visit superwalkbc.kintera.org, email events@parkinson.bc.ca or call 1(800)668-3330.

Everyday
HEROES
Extraordinary
HOPE

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