

# REGISTRATION AND DONATION - OFFLINE FORM

All persons participating in the Cardiac & Pulmonary Rehab Walk of Life must Complete Registration Form

Participant Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Tel. \_\_\_\_\_ Other Tel. \_\_\_\_\_

## Payment:

Cash  Cheque



### 1. Make cheques payable to Walk of Life for Cardiac and Pulmonary Rehab

2. Saint John Regional Hospital Foundation will issue tax receipts for donations \$15.00 or more, if donor's name/address is complete and legible

3. To make a donation online, please go to [www.sjrhf.ca/cardiac-rehab](http://www.sjrhf.ca/cardiac-rehab) Canada Charitable Registration #11913.2363.RR0001 and add name of the person you are sponsoring in the comment box.

## Donations:

1	First Name _____ Last Name _____	\$
	Suite#/Apt# _____ Address _____ City _____ Prov. _____ Postal Code _____	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
	Email _____ Phone # _____	
2	First Name _____ Last Name _____	\$
	Suite#/Apt# _____ Address _____ City _____ Prov. _____ Postal Code _____	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
	Email _____ Phone # _____	
3	First Name _____ Last Name _____	\$
	Suite#/Apt# _____ Address _____ City _____ Prov. _____ Postal Code _____	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
	Email _____ Phone # _____	
4	First Name _____ Last Name _____	\$
	Suite#/Apt# _____ Address _____ City _____ Prov. _____ Postal Code _____	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
	Email _____ Phone # _____	
5	First Name _____ Last Name _____	\$
	Suite#/Apt# _____ Address _____ City _____ Prov. _____ Postal Code _____	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
	Email _____ Phone # _____	
6	First Name _____ Last Name _____	\$
	Suite#/Apt# _____ Address _____ City _____ Prov. _____ Postal Code _____	
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	
	Email _____ Phone # _____	

By registering as a participant in the Saint John Regional Hospital Cardiovascular Prevention & Rehabilitation 2016 WALK OF LIFE® (herein referred to as WOL) as part of the Cardiac Health Foundation of Canada's National Walk of Life Campaign, I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the Saint John Regional Hospital Cardiovascular Prevention & Rehabilitation, Cardiac Health Foundation of Canada (CHFC), its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively Saint John Regional Hospital Cardiovascular Prevention & Rehabilitation), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE AND DISCHARGE the Saint John Regional Hospital Cardiovascular Prevention & Rehabilitation and CHFC, and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of Saint John Regional Hospital Cardiovascular Prevention & Rehabilitation and CHFC, organizers or otherwise.

Signature \_\_\_\_\_  
(Guardian if under 18)

**Total Donations**  
(this page) \$



**CARDIAC HEALTH** | **WALK OF LIFE**  
FOUNDATION OF CANADA