



5K YOUR WAY OFFLINE REGISTRATION FORM

Please complete the following registration form and **fax it to:**
5K Your Way (416)946-6563 by **October 5, 2009**

Team Name: _____

First Name: _____ Last Name: _____

Sex: Male Female (please circle one) Age on race day: _____

Shirt Size: X-Small Small Medium Large X-Large (please circle one)

Note, sizes are unisex and cannot be guaranteed

Address: _____

Apt#: _____ City/Town: _____

Prov/State: _____ Postal/Zip: _____ Country: _____

Email: _____

Toronto Marathon will email confirmation once your registration has been processed.

Day Phone: _____ Ext.: _____

The Toronto Marathon strongly advises all participants to seek the advice of a physician before embarking on any running program. Please list any medical conditions you are aware of:

Payment Information:

Credit card number: _____

Expiry date: _____

Name on credit card: _____

Cardholder Signature: _____

REMEMBER TO SIGN WAIVER

WAIVER, RELEASE AND INDEMNIFICATION

I, the undersigned individual, wish to participate in the 2008 GoodLife Fitness Toronto Marathon benefiting The Princess Margaret, including any or all of the following events: the 5K Your Way, the Half Marathon, and Post Race Activities scheduled to take place on Sunday October 19th, 2008 and any other events or activities associated with the 2008 GoodLife Fitness Toronto Marathon including events that take place prior to or after the event, (the "Event"). As a condition of my participation in the Event, I agree to abide by the rules, regulations, and event instructions of the Event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an Event, using public streets and facilities, and the use of or participation in services made available to participants during the Event (including massage, chiropractic, and medical services) is a potentially hazardous activity and could result in serious injury or death. I am aware of and expressly assume all risks associated with participating in this Event, including without limitation, falls, contact with other participants and objects, the effects of weather, traffic, and the conditions of the streets and route used by the Event and I assert that my participation in this Event is voluntary.

In consideration for being permitted to participate in this Event, I, for myself and for anyone entitled to act on my behalf, hereby waive and release from any and all claims for injuries and damages I may have arising out of the Event or for my participation in the Event (including without limitation any pre- and post-event activities), against The GoodLife Fitness Toronto Marathon, The Princess Margaret Hospital Foundation and The Princess Margaret, the University Health Network, the City of Toronto, the Province of Ontario, Canada, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the Event, participants, third-party vendors, government or public entities (including, without limitation, the Department of Transportation), and their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, the medical director, and members of the medical team. I further undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by all of them as a result of, or in any way connected with, my participation in the Event.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury or property damages that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained, or controlled by them or because of their possible liability without fault.

I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I attest that I am physically capable of, and have sufficiently trained for, completing this Event. If I am aware of or under treatment for any physical infirmity, ailment, or illness, my medical care provider has been apprised of, and has approved of, my participation in this event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this Event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the Event is subject to the sole discretion of the organizers of the Event, and that my participation may be limited or terminated, with or without cause.

I represent and warrant that I will be at least 18 years old at the time of the Event.

I give permission to the 5K Your Way, The GoodLife Fitness Toronto Marathon, The Princess Margaret Hospital Foundation, The Princess Margaret, and the University Health Network for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of this Event or marketing or promotion for future or similar events, and waive any rights or privacy I may have in that regard, and I understand and consent that I will periodically be receiving communications related to my participation in the 5K Your Way/ GoodLife Fitness Toronto Marathon.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Dated this _____ **day of** _____, **20**_____

Signature: _____