



**SATURDAY, FEBRUARY 2, 2019
8:30 AM TO NOON**

Start: ROYAL BANK PLAZA (AT UNION STATION)
200 BAY STREET, TORONTO, ON

Finish: SHERATON CENTRE TORONTO HOTEL
123 QUEEN STREET W, TORONTO, ON

Name _____ Phone _____
last name first name work home

Address _____
street apt# city province postal code

E-mail address _____ Team Name: _____ I do not wish to receive information about other Society events

PLEASE MAKE CHEQUES PAYABLE TO: ALZHEIMER SOCIETY OF TORONTO
 (\$20.00 MINIMUM DONATION FOR TAX RECEIPT) **20 EGLINTON AVE. W., FLOOR 16,**
PLEASE DO NOT SEND CASH IN THE MAIL TORONTO, ON M4R 1K8

**DO NOT RECORD ONLINE
PLEDGES ON THIS FORM**

Supporter's Name	Mailing Address	Postal Code	Email	Phone Number	Amount Pledged	Amount Collected
<i>John Brown</i>	<i>1234 Main Street, #504, Toronto, ON</i>	<i>M4W 2A3</i>	<i>john.brown@email.ca</i>	<i>416-123-4567</i>	<i>\$50</i>	<i>\$50</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

ALL WALKERS MUST GO TO REGISTRATION AT THE WALK.
All monies will be added up on walk day.

WWW.WALK.ALZ.TO

REGISTERED CHARITABLE #
10670 5262 RR0001

**TOTAL
COLLECTED**



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Supporter's Name	Mailing Address	Postal Code	Email	Phone Number	Amount Pledged	Amount Collected
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

TOTAL COLLECTED	
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WAIVER - ALZHEIMER SOCIETY IG WEALTH MANAGEMENT WALK FOR MEMORIES 2019 AGREEMENT, RELEASE AND INDEMNITY

I, the undersigned participant in the IG Wealth Management Walk for Memories, hereby release, waive and forever discharge the Alzheimer Society of Toronto, its staff, board of directors and volunteers and all other bodies associated with the Alzheimer Society of Toronto and sponsoring companies and any and all participating organizations, entities and/or venues and individuals, personnel, volunteers and/or boards of directors associated with these organizations, entities and/or venues of any 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, rising or to arise by reason of my participation in the 2018 Walk for Memories, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the event, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation in the said event.

By signing this waiver, I acknowledge having read, understood and agreed to the above waiver, release and indemnity. I warrant that I am physically fit to participate in this event.

Signature _____

Date _____