



The Movement

Witness the Fitness



REGISTRATION- Includes T-shirt, water bottle, group training sessions and training programs!

First Name: _____ Last Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone Number: _____

Fitness Level (Advanced, Intermediate or Beginner) _____

T-Shirt Size (Adult Sizes Only): S M L XL 2XL

I want to participate on September 19 in the (please circle one):

5Km - Run / Walk Half Marathon - Run / Walk Full Marathon Volunteer for September 19 Not Attending

I want to receive training programs for (please circle one) 5Km - Run / Walk Half Marathon - Run / Walk Full Marathon

Registration Fee - \$40

Registration Paid By (please circle one): Cash Cheque Visa Mastercard

Credit Card Number: _____

Expire Date: _____ Signature: _____

Please make cheques payable to the Thunder Bay Regional Health Sciences Foundation. Registration forms and credit card information can be faxed to 807-684-5802.

Registration and \$40 payment must be received by the Health Sciences Foundation at 980 Oliver Road, Thunder Bay, Ontario by Wednesday September 1, 2010.

Please note registration fee DOES NOT COVER the Thunder Bay Marathon Miles with Giant registration fee. You must register at www.thunderbaymarathon.com to participate on September 19, 2010.

I would like to support (please circle one): Northern Cancer Fund Northern Cardiac Fund Health Sciences Discovery Fund Area of Highest Need

Other Area (eg. Trauma, Renal, Paediatrics) _____

WAIVER

I understand and acknowledge that running, walking and volunteering involve risk of injury. I assume all risks associated with participating, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic. Acknowledging these risks I hereby apply to enter **The Movement**, agreeing that I am solely responsible for my safety. I hereby agree to waive and release any and all claims against the Thunder Bay Regional Health Sciences Foundation, Thunder Bay Regional Health Sciences Centre and any other parties affiliated with this event for injuries or damages that I may incur during, as a result of, participating in this activity. If I require medical attention as a result of my participation in **The Movement** I hereby give consent for medical personnel of **The Movement** to provide such medical care as is deemed necessary during group fitness sessions. This waiver and release shall be binding upon all my heirs and assign.

Signature: _____

Date: _____