



REGISTRATION FORM

This form is completed to make sure there is an understanding of the needs, requirements and commitment to participate in the event. This form will be completed jointly by the participant (and his/her parent/guardian if under the age of 18 years) and by one of the GGSCF Board members. Original copy will be retained by the GGSCF. The form is not intended to intimidate but to ensure a common understanding of the undertaking.

Full Name _____

Address _____

City _____ Province _____ Postal Code _____

Email _____ Telephone Number _____

Date of Birth _____ Gender _____ Cell Number _____

Occupation _____

Name of Parent/Guardian if under 18 years _____

Declaration

1. I want to participate in this run willingly (not made to do so by others).
2. I understand I will have to follow the rules (written/verbal) by the GGSCF representatives and team leaders.
3. I commit to being available during the following time period

4. I understand that I will be required to run 6 hours each day as part of a relay team during the time period I am committing to. I also understand that I am required to practice and have a one kilometer time of 5 minutes two months before the start of the event. My present time to run one kilometer is _____.

5. I have the following medical condition and/or am allergic to the following:

Based on the response we might need to assess if we can manage the above condition. However it is up to each individual to check with their doctor that they are safe to participate.

6. Doctor Name _____

Telephone Number _____ OHIP Number _____

7. I understand there are risks associated with an event of this type and agree to sign a wavier as presented to me by the GGSCF holding the organization harmless.
8. I will make attempts to collect as many pledges for the run as I can.
9. I understand that once a position is held for me based on this commitment that I will advise of any changes that occur before the event. In such circumstances the

GGSCF may substitute anyone else for my position. I cannot give my position to someone else, this will be determined by the GSGCF.

10. I understand sleeping accommodations might be rough and that I will need to share room/facilities with other individuals.

11. I have the following diet requirements that you should be aware of:

12. I agree that I will have to remain with the group and cannot go off to do my own activities or stay with relatives and friends.

13. I agree to for fill my assigned responsibilities to the best of my ability.

14. I understand the GGSCF has the final say on my participation and can change the conditions outlined herein as required to complete this event. I understand completion of this form does not guarantee that I will be able to participate as discussed and that conditions may be changed as seen fit by the GGSCF.

DRIVERS ONLY

I have the following driving license (circle) A B C D E F G

I am willing to take a road test to obtain a class B or F (school bus) license (circle) Yes/ No

Signature of Participant _____ Date _____

If under 18 year's Signature of Parent/Guardian _____

Notes by GGSCF organizer:

GGSCF Board Member _____

Signed _____ Date _____