

2017 Cycle for Autism Registration & Waiver Form



Please complete ALL information (a signature is required for each participant) and bring this form with you to the Cycle for Autism event at Gold Bar Park on Sunday June 4, 2017.

Team leaders are encouraged to fill out one form for the entire team. All participating individuals must submit a signed registration and waiver form (*A parent/guardian will be required to sign on behalf of any minor.)

TEAM NAME: _____

Is your team registered online? Yes No

Team Leader - Key Contact Information

Full name: _____ Phone (day) _____

Phone (evening); _____ Email: _____

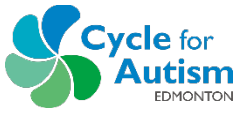
****PARTICIPATION WAIVER ****

- I acknowledge that I understand the intent of the Cycle for Autism, which is to raise funds for Autism Edmonton by collecting pledges, and to increase autism awareness in our community by participating in this public event.
- I agree to absolve and hold harmless Autism Edmonton, corporate sponsors, directors, officers, employees, co-operating organizations and other parties connected in any way, single, collectively, from and against any blame and liability, for misadventure, harm, loss, inconvenience or damage hereby suffered by me or my children as a result of participation in the 2017 Cycle for Autism, hosted by Autism Edmonton, or any activities associated therewith.
- I hereby consent to and permit emergency treatment for me or my participating children in any event of injure or illness.
- I give full permission for the use of my name, photo, video and/or team profile in connections with this event, for use in advertising and promotional materials for Autism Edmonton.

Please fill in one row for each participant. Each participant (or their guardian) must sign the last column to indicate they have read and accept the waiver. Minors must have a legal guardian's signature on their behalf. Parents should sign for participating children who have significant disabilities.

First name	Last name	Is this a minor (under 18)?	I have read and accept the terms of the waiver above. (Signature here)

To register additional participants, please fill out a second copy of this form (including all Team Key Contact information).
Registered Charitable Organization # 107282RR0001



2017 Cycle for Autism Pledge Collection Form



Remember to bring this form, along with any cash or cheques from pledges, to Gold Bar Park on Sunday June 4th, 2017

TEAM NAME: _____

Key Contact Information for Team Member Submitting Pledges

Full name: _____ Phone (day) _____

Phone (evening); _____ Email: _____

PLEDGES

Please make cheques payable to: Autism Edmonton. You can use your credit card to pledge online at www.cycleforautismedmonton.com. Please print CLEARLY, as receipts can only be provided if all information is legible. **Please note tax receipts will only be given for donations of \$20 or more.**

First name	Last name	Mailing Address (Street, City, Province, Postal Code)	Pledge amount (\$)	Collected (check)	Tax receipt needed?
				<input type="checkbox"/>	<input type="checkbox"/>
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CASH	
CHEQUES	
TOTAL (for this page)	