

WALKER CHECK-IN FORM

Walker Name: _____	Team Name: _____
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STEP 1: What type of walker is the individual?

<input type="checkbox"/> A. Money to hand in <i>with pledge form</i>	<input type="checkbox"/> B. Online only <i>raised money online only with no funds to hand in</i>	<input type="checkbox"/> C. Walker Only <i>No fundraising in advance or to hand in</i>
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STEP 2: IF A. (money to hand in) or B. (online only) fill in fields below.

Cheques (\$)	
Cash (\$)	
Credit Card (\$)	
Online (\$)	
TOTAL	

Is the total \$1,000+? If yes, provide them with a pin & hat (blue for \$1,000-\$2,499; red for \$2,500+).

Is the walker handing in money? If yes, the walker should verify the money on their pledge form matches what is being submitted & initial below.

<i>Walker initials</i>	<i>Reg volunteer initials</i>

NEXT STEPS:

- *Is the walker handing in money? If yes, seal the money, applicable forms, and completed pledge form(s) inside. This would include any credit card forms, if applicable.*
- *Is the walker a part of a team? If yes, write their name and total on the front of the sheet affixed to the team envelope, and place this envelope inside the team envelope. Team envelopes should only be sealed after all team members have arrived.*

(1) IF C. (walker only - no fundraising) OR (2) walker has not registered online and is ONLY submitting a credit card donation, complete the waiver below. *This does not need to be completed by walkers who registered online or if they are submitting cash or cheques (A or B type walkers) as they have already completed waivers digitally or on the paper pledge form. If the walker is participating with youth, their names can be provided in full on the back of this form rather than filling out another waiver.*

I agree that I am participating in Parkinson SuperWalk (PSW) voluntarily and do so at my own risk. I hereby fully release Parkinson Society British Columbia (PSBC), Parkinson Canada (PC), the corporate sponsors of PSW, and any other parties connected in any way with PSW, as well as their respective officers, directors, agents, employees, staff and volunteers, from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of my participation in PSW or any of the activities associated therewith. I consent to being provided with emergency treatment in the event of my illness or injury during my participation in PSW, and agree to not hold PSBC and PC responsible for any costs associated with such treatment. I consent to the publication and/or other use of my name, voice, photograph or other likeness without further notice or compensation in any publicity or advertisement carried out by PSBC in any manner whatsoever, including print, broadcast, or the Internet. By signing below, I confirm that I have carefully read this Waiver and fully understand and agree to its contents.

First Name: _____ Last Name: _____

Telephone: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Signature of Participant

Signature of Guardian (Under 18 years)