

2019 WALK OF LIFE REGISTRATION AND DONATION – OFFLINE FORM

for the C.O.A.C.H. and K.C.E.S. programs. If you need more forms for friends and family, please photocopy. To waive Registration Fee, collect a minimum of \$100 in donations. You must bring your donation form and donations to Walk Day, Saturday, June 1st, 2019 or to C.O.A.C.H. office prior to the day of the event.

Participant Name _____ Email _____

Address _____ City _____

Province _____ Postal Code _____ Home Tel. _____ Other Tel. _____

Shirt Size: Small Medium Large X-Large 2XL

Check your event and registration fee options: 1-6 KM Family Fun Walk 5 KM Fun Run 10 KM Fun Run

1-6 KM FAMILY FUN WALK ADULTS

\$20 Early Bird before May 1st

OR

\$25 registration after May 1st

5 KM FUN RUN

\$30 Early Bird before May 1st

OR

\$35 registration after May 1st

10 KM FUN RUN

\$35 Early Bird before May 1st

OR

\$40 registration after May 1st

KIDS (12 and under)

FREE

Payment: Cash Cheque Credit Card

1. Make cheques payable to COACH Cardiac Rehabilitation

2. COACH issues tax receipts for donations of \$20 or more, if donor's name/address is complete and legible.

3. To qualify for incentive prizes, donations must be submitted by June 1st, 2019

4. To make a donation online, please go to www.coachkelowna.com. Charitable Registration # 86694 5157 RR0001



Donations:

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By registering as a participant in the C.O.A.C.H. & K.C.E.S. Central Okanagan Association for Cardiac Health & Kelowna Cardiac Exercise Society 2019 WALK OF LIFE® (herein referred to as WOL) as part of the Cardiac Health Foundation of Canada's National Walk of Life Campaign, I agree physical activity and endurance is required. I will comply with any and all instructions given by the event officials. I give the C.O.A.C.H. & K.C.E.S. Central Okanagan Association for Cardiac Health & Kelowna Cardiac Exercise Society, Cardiac Health Foundation of Canada (CHFC), its sponsors and their respective affiliates, advertisers, licensees and assigns (collectively C.O.A.C.H. & K.C.E.S. Central Okanagan Association for Cardiac Health & Kelowna Cardiac Exercise Society), my irrevocable permission to use and reproduce my image and my name as photographed or otherwise recorded at the WOL, in any manner and in all media in perpetuity. For allowing me to participate in the WOL, I RELEASE AND DISCHARGE the C.O.A.C.H. & K.C.E.S. Central Okanagan Association for Cardiac Health & Kelowna Cardiac Exercise Society and CHFC, and will hold them harmless from any and all claims, injury or expense of any kind which may result from my participation in the WOL, whether resulting from the negligence of C.O.A.C.H. & K.C.E.S. Central Okanagan Association for Cardiac Health & Kelowna Cardiac Exercise Society and CHFC, organizers or otherwise.

Signature _____
(Guardian if under 18)

Total Donations
(this page) \$



CARDIAC HEALTH | **WALK®**
FOUNDATION OF CANADA | **OF LIFE**