

# Register today!



Join us for the **Steps for Life** national walk **benefiting** **Threads of Life** programs and families.

Please print clearly, and complete both sides of the form as applicable.

WALK COMMUNITY: \_\_\_\_\_ Note: Community dates, locations and event info at [www.stepsforlife.ca](http://www.stepsforlife.ca)

## Participant Levels

Register as an **individual participant**.

Note: At any time after registering, you can join an existing team or start a new one.

**Join an existing team** - Team Name \_\_\_\_\_

Create a new **Team** (3 or more members)

I am the Team Captain.

What is your team name? \_\_\_\_\_  
If a business team please include your company's name in your team name, i.e., Company ABC - Stellar Walkers

**FOR 2022 - NO PAPER WILL CHANGE HANDS AT THE WALKS. WE ENCOURAGE YOU TO REGISTER ONLINE. IF USING THIS FORM INSTEAD, PLEASE MAKE SURE YOUR COMPLETED REGISTRATION FORM, FUNDRAISING PLEDGE SHEET AND CHEQUES ARE MAILED TO:**  
Threads of Life  
PO Box 9066, 1795 Ernest Ave  
London ON N6E 2V0

## General Information

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_  
Note: Mandatory for Credit Card Payments

Address \_\_\_\_\_ Contact Info at  Home or  Work

Other Phone \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mobile  Business

Email (for important walk updates) \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Please note date of birth if participant is under the age of majority\*)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL REGISTRANTS (Family)

(Please list only those living in the same household. If you are inviting friends and/or colleagues (please do!), please ask them to complete another copy of this form with their own address.)

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

Signature (Agreeing to Participant Waiver) \_\_\_\_\_ Signature (Agreeing to Participant Waiver) \_\_\_\_\_ Signature (Agreeing to Participant Waiver) \_\_\_\_\_

Registrant is under the age of majority\* + this is parent's signature  Registrant is under the age of majority\* + this is parent's signature  Registrant is under the age of majority\* + this is parent's signature

**Registration for Steps for Life is by donation**, and your personal donation is a great first step in your fundraising campaign. Some suggested donation amounts are below. A little or a lot -- it all goes to help families living with the effects of workplace tragedy.

### DONATION LEVELS:

- |                                                                                                                                                                      | <b>AMOUNT \$:</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <input type="radio"/> <b>\$256.90</b> - provides ongoing training to one volunteer family guide for a year.                                                          | = _____           |
| <input type="radio"/> <b>\$161.53</b> - provides one participant all meals for one day at a Threads of Life family forum                                             | = _____           |
| <input type="radio"/> <b>\$97.30</b> - covers the travel expenses to allow a Threads of Life volunteer speaker to share their story with one high school co-op class | = _____           |
| <input type="radio"/> <b>\$48.50</b> - sends our quarterly Threads newsletter to 6 families for one year                                                             | = _____           |

**Other** = \_\_\_\_\_

**TOTAL AMOUNT \$ (to be paid)** = \_\_\_\_\_

Please submit your non-refundable, non-transferrable registration payment with this form. If you are submitting a personal cheque, please make it payable to: Threads of Life. Please do not send cash.

### METHOD OF PAYMENT:

**ONSITE ONLY: Credit Card Payment by Square**  
(If choosing this option - please DO NOT fill out card information below.)

**Credit Card**  Visa  Mastercard

Name on the Credit Card (Printed) \_\_\_\_\_

Credit Card #

\_\_\_\_\_

Expiry Date \_\_\_\_\_ CVC/CVV# \_\_\_\_\_

I authorize Threads of Life, to process the payment amount to the left using the credit card information provided. \_\_\_\_\_  
Cardholder Signature

**Cheque** - Please provide the cheque number \_\_\_\_\_  
Please make it payable to: Threads of Life.

**e-TRANSFER:**  
(If choosing this option - please DO NOT fill out card information below.)

**Have a question? Just ask.**  
Toll-free: 1.888.567.9490  
Fax: 519.685.1104  
Email: [steps@threadsoflife.ca](mailto:steps@threadsoflife.ca)

**Your walker toolkit.**  
As a participant you have access to a number of resources, right at your fingertips - from fundraising ideas, to printing your paper pledge sheet, to setting up your own personal online fundraising page. To learn more, simply visit [www.stepsforlife.ca](http://www.stepsforlife.ca)!

**Please complete the reverse side!** ➔

## Participant Release, Waiver and Indemnification

Your registration form cannot be processed without a completed Participant Release, Waiver and Indemnification Form. Please read and sign below.

Community Walk Location: \_\_\_\_\_ Date: \_\_\_\_\_

"I acknowledge that participating in Steps for Life 2022 will expose me to risks of serious illness, injury or death, including – without limitation – as a result of being exposed to and potentially infected with the coronavirus, commonly known as COVID-19, despite the efforts of the Association for Workplace Tragedy Family Support-Threads of Life to reduce the risk of transmission at the event.

In consideration of the acceptance of my application and the permission to participate as a participant, competitor or spectator ("participant") in the Steps for Life Walk on the date and in the community selected above, I for myself, my heirs, executors, administrators and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Association for Workplace Tragedy Family Support – Threads of Life and all provincial, city, town, county and other governmental bodies and/or municipal agencies and all other organizations, sanctioning bodies and sponsoring companies and their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns (collectively, the "Releasees") of and from all claims, demands, damages, trusts, expenses, actions and causes of action, whether in law or in equity, in respect of death, injury, loss or damages to my person or property (collectively the "Claims") howsoever caused, arising or to arise by reason of my participation in the said event, whether as a participant, competitor, spectator or otherwise, whether prior to, during or subsequent to the event and notwithstanding the same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I further hereby undertake to hold and save harmless and agree to indemnify the Releasees from and against any and all liability incurred by any or all of them arising in respect of any Claims as a result of, or in any way connected with my participation in the said event.

I hereby allow the use of any photographs or video images taken of me in the walk by the organizers of any future event for promotional purposes. Such photos are not to be used for any other commercial or re-sale purposes.

I understand that this Waiver, Release and Indemnification is governed by the applicable laws of Canada and the province within which it is executed, and is intended to operate to the benefit of the Releasees as well as their heirs, executors, administrators, successors and assigns, and is valid and binding on the undersigned individual(s), as well as their heirs, executors, administrators, successors and assigns.

I agree that in the event that any clause or provision of the Waiver, Release and Indemnification shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this document which shall otherwise continue to be binding and enforceable in all respects.

By signing and submitting this entry form, I acknowledge that the information provided is true and accurate, and that I having read, understood and agreed to the waiver, release and indemnification described above. I warrant that I am physically and mentally fit to participate in this event, and that I have not in the last two weeks (a) experienced any knowledge have I been in close contact with anyone who has experienced symptoms of COVID-19.

**NOTE: IF THE APPLICANT IS UNDER THE AGE OF MAJORITY\*, A PARENT OR GUARDIAN MUST ALSO SIGN BELOW.**

*By signing below, I, the undersigned, certify that I am the parent or legal guardian of the participant and, as such, on behalf of myself and the participant, I acknowledge that I have explained to the participant that by signing this form he/she and I have agreed to waive any right to sue the event organizers and to indemnify them, all according to the terms of the release, waiver and indemnification, as noted above.*

\*Age of Majority for the provinces of Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Prince Edward Island is 19; and age of majority for the provinces of British Columbia, Newfoundland and Labrador, Nova Scotia, Yukon, Northwest Territories, or Nunavut is 18.

Please print first and last name of the participant here \_\_\_\_\_

Signature of participant (or guardian if participant is under the age of majority) \_\_\_\_\_

Please print first and last name of guardian here (if applicable) \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

[www.stepsforlife.ca](http://www.stepsforlife.ca)

888.567.9490

For information on our charitable organization, visit [www.threadsoflife.ca](http://www.threadsoflife.ca)

Participants also have the option to register online at [www.stepsforlife.ca](http://www.stepsforlife.ca)

Charitable Organization #87524 8908 RR0001  
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