



Participant Information (Required information. Participant's name & address must be complete & legible to receive a tax receipt.)

Name: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Event Location: _____ Team Name: _____

Consent to receive emails: Yes No

Participation Options (Tax receipts will be issued for donations of \$25 or more. Make cheques payable to Ostomy Canada Society Inc. Please do not mail cash.)

I have registered online at stepupforostomy.ca to donate or fundraise

I am unable to contribute this year

Please submit this form at
your local event or mail to:

Please accept my donation of \$: _____ Cash Cheque Credit Card

Ostomy Canada Society Inc.
5800 Ambler Drive, Suite 210
Mississauga, ON L4W 4J4

Card Number: _____ Expiry (mm/yy): _____

Name on Card: _____



Event Waiver & Release

I grant permission to the Ostomy Canada Society to photograph and videotape me in the course of my participation in the Step Up For Ostomy event and to use my name and any photographs and videotapes of me for Ostomy Canada Society purposes in any media and territory in perpetuity.

I waive and release any and all claims for myself, my heirs, executors and administrators against the Ostomy Canada Society, its officials, sponsors, cooperating organizations and any other parties connected with this event and organizers of the Step Up For Ostomy event in connection with any injury, illness, death, loss or damage to property, which may directly or indirectly result from my participation in this event, or any claims arising from the use of my name or any photographs or videotapes of me.

I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of the Ostomy Canada Society. Please choose one of the following options:

I am 18 or older and have read and fully understand the contents of this waiver.

I am under 18 and my parent or guardian is agreeing on my behalf.

Participant Name (print): _____ Guardian Name (if applicable): _____

Signature of Participant or Guardian: _____ Date: _____