

## Tsung Tsin Association of Ontario 3880 Midland Ave. (at Passmore)



Please complete registration form fully and print clearly

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Address:	•••••••••••••••••••		••••••		
City: Provi	nce: Postal Code:	Tel. (Home	):	•••••	•••••••
Tel. (Work): E-mail:					
Name	Address	City/Province	Postal Code	Pledged	Collected
WAIVER OF LIABILITY  I agree that Tsung Tsin Association of Ontario (herein- after referred to as TTA) which terms includes its members, officers, officials, employees, agents, servants and contractors, will not be liable to me for any accident, injury, damage, loss or other claims for death, bodily injury, personal injury or property damage, including income loss, replacement and/or other health care cost, resulting from my participation in the TTA "I will walk 5k for TTA"				Total Collected	
caused by the gross negligence of TTA.  I further agree to follow all policies, procedures an	or, injury, damage, loss or other claim of death, bodily in d instructions as set out by the organizers of the TTA "I verments, I will not be able to participate in the event and	vill walk 5K for TTA" walka	thon, and I further		

No.# \_\_\_\_\_