

SEPTEMBER 30, 2023

DOWNSVIEW PARK,
TORONTO

2023 REGISTRATION FORM

ONE PERSON PER REGISTRATION FORM. PLEASE PRINT CLEARLY
AND COMPLETE BOTH SIDES OF THE FORM.

PARTICIPANT TYPES

Team Name _____

Company Name _____

WHAT	WHO	REGISTRATION	FUNDRAISING	
LIVE EVENT	<input type="radio"/> Adult (18+)	\$25	\$250 (minimum to attend live event)	[1] Youth participants must be accompanied by a registered adult who has met their fundraising minimum to gain entry to live event
	<input type="radio"/> Youth (0-17)	\$0 ^[1]	\$100 (suggested goal to attend live event)	
VIRTUAL EVENT	<input type="radio"/> Adults (18+)	\$0*	\$250 (suggested goal)	[2] Jr. Volunteer Crew who are 14-15 years of age must be accompanied by a registered adult, and those who are 16-17 years of age must have a waiver signed by a legal guardian
	<input type="radio"/> Youth (0-17)	\$0	\$100 (suggested goal)	
VOLUNTEER CREW	<input type="radio"/> Adult Volunteer Crew (18+)	\$0	\$100 (suggested goal)	* Adults who choose to participate in the virtual event, but later decide they'd like to attend the live event can do so by paying the \$25 registration fee and reaching the \$250 fundraising minimum
	<input type="radio"/> Jr. Volunteer Crew (14-17)	\$0 ^[2]	\$100 (suggested goal)	

NOTE: T-shirts are provided to participants and volunteers of the live, in-person event only.

REGISTRATION INFORMATION (Make cheques payable to SickKids Foundation)

TEAM CAPTAIN

1. First Name _____

Last Name _____

Age on Event Day ☐ 0-13 ☐ 14-17 ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60-74 ☐ 75+

Are you a SickKids kid? ☐ Y ☐ N

T-shirt size: Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-shirt size: Youth ☐ XS ☐ S ☐ M ☐ L

☐ Adult Live Event

☐ Youth Live Event

☐ Adult Virtual Event

☐ Youth Virtual Event

☐ Adult Volunteer Crew

☐ Jr. Volunteer Crew

Email _____

Phone # _____

TEAMMATES

2. First Name _____

Last Name _____

Age on Event Day ☐ 0-13 ☐ 14-17 ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60-74 ☐ 75+

Are you a SickKids kid? ☐ Y ☐ N

T-shirt size: Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-shirt size: Youth ☐ XS ☐ S ☐ M ☐ L

☐ Adult Live Event

☐ Youth Live Event

☐ Adult Virtual Event

☐ Youth Virtual Event

☐ Adult Volunteer Crew

☐ Jr. Volunteer Crew

Email _____

Phone # _____

3. First Name _____

Last Name _____

Age on Event Day ☐ 0-13 ☐ 14-17 ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60-74 ☐ 75+

Are you a SickKids kid? ☐ Y ☐ N

T-shirt size: Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-shirt size: Youth ☐ XS ☐ S ☐ M ☐ L

☐ Adult Live Event

☐ Youth Live Event

☐ Adult Virtual Event

☐ Youth Virtual Event

☐ Adult Volunteer Crew

☐ Jr. Volunteer Crew

Email _____

Phone # _____

4. First Name _____

Last Name _____

Age on Event Day ☐ 0-13 ☐ 14-17 ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60-74 ☐ 75+

Are you a SickKids kid? ☐ Y ☐ N

T-shirt size: Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-shirt size: Youth ☐ XS ☐ S ☐ M ☐ L

☐ Adult Live Event

☐ Youth Live Event

☐ Adult Virtual Event

☐ Youth Virtual Event

☐ Adult Volunteer Crew

☐ Jr. Volunteer Crew

Email _____

Phone # _____

5. First Name _____

Last Name _____

Age on Event Day ☐ 0-13 ☐ 14-17 ☐ 18-29 ☐ 30-44 ☐ 45-59 ☐ 60-74 ☐ 75+

Are you a SickKids kid? ☐ Y ☐ N

T-shirt size: Adult ☐ S ☐ M ☐ L ☐ XL ☐ XXL

T-shirt size: Youth ☐ XS ☐ S ☐ M ☐ L

☐ Adult Live Event

☐ Youth Live Event

☐ Adult Virtual Event

☐ Youth Virtual Event

☐ Adult Volunteer Crew

☐ Jr. Volunteer Crew

Email _____

Phone # _____

HOME ADDRESS

Suite/Apt # _____

Address _____

City _____

Province _____




Postal Code _____

REGISTRATION PAYMENT

Please submit your non-refundable, non-transferable registration fee (prices listed above) with this form.

If you are submitting by cheque, please make payable to SickKids Foundation. Please do not send cash.

Please charge \$ _____ to my: Card Number _____ Expiry Date MM / YY

☐  ☐  ☐  Cardholder Name _____ Signature _____

Join us by making the first donation. Not only does this provide your fundraising campaign momentum, it also sets the bar for any following donations - so set your targets high to raise those all-important funds for SickKids!

In addition to my registration fee, please charge a \$ _____ donation amount to kick-off my fundraising campaign.

WAIVER RELEASE AND INDEMNITY SickKids GetLoud

I, on behalf of myself and if applicable, the minor or minors listed below for whom I am a parent or legal guardian (the "Minor(s)"), wish to participate in SickKids GetLoud benefiting The Hospital For Sick Children Foundation, scheduled to take place virtually throughout September 2023, and may participate in the in-person event to be held on September 30, 2023, as well as in various pre and post event activities (collectively, the "Event"). I on behalf of myself and the Minor(s) (if any) agree to conduct myself in a safe manner and abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal, provincial and federal laws and regulations, including without limitation any and all public health guidelines and measures put in place by the Event organizers or any public health authority regarding the prevention and mitigation of spreading infectious diseases such as COVID-19.

I and the Minor(s) (if any) understand that participating in the Event involves using public streets and facilities, and the use of and participation in the Event is a potentially hazardous activity and can result in serious personal injury or death. I and the Minor(s) (if any) further acknowledge and agree that attending the any in-person portions of the Event may increase our risk of being exposed to or infected by COVID-19, and COVID-19 may result in personal injury, illness, hospitalization, permanent disability, and death. I on behalf of myself and the Minor(s) (if any) am aware of and expressly assume all risks associated with participating in this Event, and I assert that my participation or the participation of the Minor(s) (if any) in this Event is voluntary.

If I bring a dog(s) (the "Dog") to the Event, I accept that I am solely and fully responsible for any bodily injury or property damage as a result of the Dog(s)'s actions at the Event. I represent and warrant that the Dog(s) is healthy, up to date on vaccinations and not aggressive in nature. I agree to keep the Dog(s) on a leash at all times and agree to remove the Dog(s) from the Event if requested by Event staff.

In consideration for being permitted to participate in this Event, I, on behalf of myself and the Minor(s) (if any), hereby waive, release and forever discharge, from any and all claims for injuries, damages and losses I and the Minor(s) (if any) may have arising out of the Event or my and the Minor(s) (if any) participation in the Event against The Hospital for Sick Children Foundation, The Hospital For Sick Children, any beneficiaries, sponsors, other Event participants, consultants, participants, third-party vendors, government or public entities, and each of their respective affiliates, successors, officers, directors, members, employees, volunteers, agents, and representatives, (collectively referred to as the "Releasees"), of and from any and all proceedings, claims, demands, damages, costs, expenses, actions and causes of action (whether known or unknown) whatsoever, both in law and in equity, which I and the Minor(s) (if any) now have or may hereafter have for or by reason of or in respect of my and the Minor(s) (if any) participation in the Event whether as a spectator, participant, competitor or otherwise, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the Releasees.

I further hereby agree to indemnify all of the Releasees from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation, the Minor(s) (if any) and/or the Dog(s) (if any) participation in the Event.

Please print first and last name here _____

Signature of participant (or guardian if participant is under 18) _____ Date MM / DD / YY

An income tax receipt will be issued for gifts of \$20.00 or more. Please note that no tax receipt is provided for the registration fee. SickKids Foundation respects the privacy of its donors. We do not sell, rent, or trade our donor lists. The information we collect is used to process donations, keep our donors informed about the activities of the hospital and Foundation and ask for their support for our missions to improve children's health. If at any time you wish to be excluded from future contacts, please call us at 416-813-7771.

**PLEASE SEND YOUR COMPLETED FORM & REGISTRATION FEE
(OR REGISTER ONLINE AT GETLOUDFORSICKKIDS.CA)**

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c/o SickKids Foundation
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Toronto, ON M5G 2L3

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FAX 416-813-5024
EMAIL info@GetLoudforSickKids.ca