

# I RESOLVE TO REVOLVE

**JDRF**  
**REVOLUTION**  
Ride to Defeat Diabetes



Please complete all fields clearly and legibly to ensure that your total fundraising efforts are reflected accurately. Company donations must include a contact name to whom the tax receipt can be sent.

Participant (First/Last Name):		
Address:		Suite/Apt./Unit
City:	Prov:	Postal Code:
Participant E-mail:		
Tel:	<input type="checkbox"/> I consent to receive electronic messages from JDRF Canada. For more info, visit: <a href="http://jdrf.ca/casl">jdrf.ca/casl</a>	

Team Captain (First/Last Name):
Team/Participant Company:
Team Name:
Team Captain Department/Division/Branch/Store:

To maintain the security of donors' credit card information, we have changed our processes to protect personal and financial information.  
**If you or your donors would like to make a donation by credit card, please visit [jdrf.ca/revolution](http://jdrf.ca/revolution).**

To ensure proper delivery of a tax receipt, information must be complete and legible. Tax receipts will be automatically issued for donation amounts of \$20 and over. Electronic tax receipts will be sent where an E-mail address is listed below. <b>Full contact information is required for all tax receipts.</b>				Donation Amount
Donor Name (First/Last) - Do not include your sponsors/donors who donated online:	City:	Prov:	Postal Code:	
Home Street / Apt. / Unit #:	Email:			
<input type="checkbox"/> I consent to receive electronic messages from JDRF Canada. For more info, visit: <a href="http://jdrf.ca/casl">jdrf.ca/casl</a>				
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## For Office Use Only

NCR Tracking: \_\_\_\_\_

Batch No: \_\_\_\_\_

CA: \$ \_\_\_\_\_

CQ: \$ \_\_\_\_\_

Total: \_\_\_\_\_

**WAIVER/RELEASE: ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER - BY SIGNING THIS LEGAL DOCUMENT, YOU WILL BE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE - PLEASE READ CAREFULLY. ASSUMPTION OF RISKS AND ASSUMPTION OF RESPONSIBILITY - I REALIZE THAT THERE ARE POTENTIAL RISKS INHERENT IN MY VOLUNTARY PARTICIPATION IN THIS EVENT. I acknowledge that I am physically fit and able to participate in the JDRF Revolution Ride to Defeat Diabetes (the "Event"), and that there are no medical or health concerns, known or unknown to me, which would affect my participation in the Event. I acknowledge the Event is physically demanding and that there is a risk of injury. I freely and voluntarily accept and assume all such risks, dangers and hazards, including the possibility of personal injury, illness, death, violence, property damage, expense or loss, which may occur as a result of participating in this Event, including any personal injury, illness, death, violence, property damage, expense or loss resulting or arising from travel to or from the Event, attendance at the Event or any other related activities during this Event. I hereby agree, on behalf of myself and my heirs, executors, insurers, administrators, and assigns (the "Releasers"), to waive and release the Juvenile Diabetes Research Foundation Canada, its parents, subsidiaries, affiliates and all of their respective officers, directors, partners, employees, agents, service providers, insurers, trustees and all of their respective successors and assigns, and all sponsors, officials, employees, volunteers, organizers and any other party or person connected with this Event in any way (the "Releasees") for any actions or causes of action, suits or demands for any personal injury, illness, death, violence, property damage, expense or loss of every nature and kind, whether arising at law, in equity or under any applicable statute or regulation of Canada, any province or otherwise applicable, howsoever arising, whether unanticipated or anticipated, present or future, known or unknown in any way relating to or arising from my participation in the Event and activities associated with it, whether as a spectator, participant, or competitor in the Event, whether or not any such personal injury, illness, death, violence, property damage, expense or loss occurs prior to, during or subsequent to the Event, and notwithstanding that any such personal injury, illness, death, violence, property damage, expense or loss may have been caused by, contributed to or occasioned by the NEGLIGENCE, BLAME OR LIABILITY OF THE RELEASEES. USE OF INFORMATION - I, the Undersigned, give permission to JDRF and its sponsors, including Sun Life, to use photographs and/or video and/or audio of me taken at or during the Event, within JDRF or its sponsors' programs, events and promotional initiatives such as, but not limited to, newsletters, articles, publications, websites, social media, print, and presentations. I hereby release the JDRF and its sponsors from all manner of claims, demands, actions or costs related to or arising from such use.**

☐ I acknowledge and agree that I have read this waiver carefully, fully understand its terms without reservation, and understand that I am giving up substantial rights by signing this waiver.

Page Total: \$ \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Total pledged  
for all pages: \$ \_\_\_\_\_

**Please make cheques  
payable to JDRF.**

Charitable Business Number  
11897 6604 RR0001