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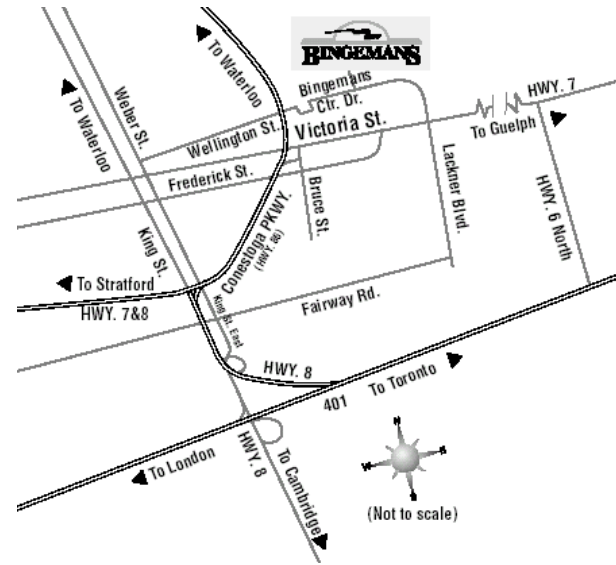
BRAIN INJURY AWARENESS MONTH



SUNDAY JUNE 2, 2013
BINGEMANS, KITCHENER
9:00AM-NOON



GOLD SHOE SPONSORS



425 Bingemans Centre Drive, Kitchener

Fee: \$35 per runner
\$25 for walkers
Children under 12 free
If you raise the fee through pledges then it is free to participate.

Registration Day/Pledge Drop Off
at the
Brain Injury Association of
Waterloo-Wellington
May 23, 2013 10:00 a.m. - 6:30 p.m.

Register Now online at:
www.biaww.com
www.facebook.com/BIAWW.Heels.Wheels

or

519.579.5300
biaww2@bellnet.ca
607 King Street West, Suite 5A
Kitchener, ON N2G 1C7

In recognition of Brain Injury Awareness Month and in support of the Brain Injury Association of Waterloo-Wellington we invite you to walk/roll or run.

NO bicycles, skateboards or long boards. Persons in wheelchairs or using walkers are encouraged to participate.

WALK/ROLL

Join survivors of acquired brain injury, their families and our valued community partners to walk or roll while enjoying a spring day.

5KM RUN/WALK

Join seasoned runners/walkers and first time runners/walkers for our 1st annual 5K run in beautiful Bingemans. This fun route will inspire you to beat your best time or create a new time.

Schedule

Check In: 9:00 am
Flag Off for 5K Run/Walk: 10:00 am
Flag Off for 1K Walk/Roll: 11:00 am
Immediately following: Prizes, light snack, and entertainment

PRIZES

Top 3 female/Top 3 male in 5K Run/Walk
Top Fundraiser
Top # of pledges
Draw Prizes for all participants

BINGEMANS PASSES

After Heels & Wheels spend the rest of the day at Bingemans. Purchase a Big Splash Pass at a discounted rate. The pass includes unlimited use of the heated wave pool, Spray 'N' Play, the FunworX 3-level play structure, outdoor mini golf, Rocks & Ropes Course. PLUS if over 48", The Pipe slides, The Cyclone, Torpedo Bay, Boomerango and Full Throttle. \$25.95 per person, Ages 2-6 \$18.95, Under 2 free. The BIAWW will make \$4.00 each for passes sold today

A tax receipt will be issued by BIAWW for the amounts of \$20.00 and over. Please PRINT clearly. If you need additional sheets please go to www.biaww.com to download a copy or email biaww2@bellnet.ca

The Brain Injury Association of Waterloo-Wellington is a registered Canadian Charity: Charitable # 89114 6862 RR0001

Name	Address	Email Address	Phone	Amount Pledged	Collected
Total					

Please make cheques payable to the Brain Injury Association of Waterloo-Wellington

REGISTRATION FORM (PLEASE PRINT)

Last Name: _____

First Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

Gender: M F Size (S,M,L,XL): _____

I am registering as a walker/roll in the 1K (\$25)

I am registering as a runner/walker in the 5K & paying \$35

I am registering with my corporate team

My Corporation's Team is _____

Release of Liability and Assumption of Risk Agreement

In consideration for being allowed to participate in any way in the Brain Injury Association of Waterloo-Wellington's (BIAWW) "Heels & Wheels" 5 K Run/Walk 1 K Walk/Roll (the "event"), the undersigned hereby acknowledges, appreciates and agrees that:

1. The risk of injury from participating in the event is significant, including the potential for serious permanent injury.
2. Even if not walking or running in the event, and by participating in some other way, I acknowledge that I may be injured.
3. I knowingly and freely assume all risk of injury, both known and unknown and assume full responsibility for my participation in the event; and,
4. **I RELEASE AND HOLD HARMLESS THE BRAIN INJURY ASSOCIATION OF WATERLOO-WELLINGTON, its officers, directors, officials, agents, employees, members and/or volunteers, as well as other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, the owners and lessors of the premises used to the conduct the event (the "Releasees"), from any and all actions, causes of action, claims, demands, prosecutions, and remedies WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, AND ANY OTHER FORM OF DAMAGE WHICH I MAY SUFFER, ARISING FROM, OR IN ANY WAY RESULTING FROM, MY PARTICIPATION IN THE EVENT, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
5. I further agree not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provision of the *Negligence Act* S.O. 1990, n. 1 as amended from the Releasees.
6. I further agree that this Release of Liability and Assumption of Risk Agreement shall apply to and be binding by my heirs, administrators, executors and assigns and each of them.

I HAVE READ THIS RELEASE AND LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Date: _____ Participant Name _____

Signature: _____

Parent/Custodian if under 18 _____

Signature: _____

Witness: _____ Signature: _____