



**West Neighbourhood House  
Scotiabank Toronto Waterfront Marathon  
Sunday, October 19<sup>th</sup>, 2014**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(please print first & last name clearly) (please print clearly)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (day/month/year) Age on Race Day: \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship to West Neighbourhood House: \_\_\_\_\_

I wish to walk/run:  5 km  Half Marathon (21.1 km)  Full Marathon (42.2 km)

T-shirt Size: \_\_\_\_\_ (small, medium, large or x-large)

Estimated time to finish 5 km, Half or Full Marathon: \_\_\_\_\_ (hours & minutes)

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Release Waiver:**

*In consideration of the acceptance of my application and the permission to participate as an entrant or competitor I take full responsibility for myself and grant full permission to any photography, video tapes, motion pictures, recordings or any other record of this event for promotional purposes without compensation. I warrant that I am physically fit to participate in this event.*

Check this box to agree to the above waiver:

*Committed runners/walkers are expected to collect pledges, and participate on the day of the Marathon. Registered individuals, for whatever reason, who cannot fulfil their commitment to walk/run or collect pledges, will be charged \$20 to cover this loss.*

Check this box to agree to the above waiver:

Please email completed forms to Lambrina Nikolaou at [lambtrinani@westnh.org](mailto:lambtrinani@westnh.org)  
or fax to 416-848-7985

Thank you for your participation!

