



**BRIDGEWATER GUARDIAN SANTA DASH**  
 November 24, 2018 @ 5:45 pm – NSCC Bridgewater  
**REGISTRATION FORM**



PARTICIPANT INFORMATION			
Last Name:		First Name:	
Birth date: (M/D/Y)		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Email:			
Street address:		Home/Cell phone no.:	
City:		Province:	Postal Code:
<b>**Please note: GUARANTEED T-SHIRT SIZE is not available but we will try our best to get you the right size!</b>			
T-Shirt Size (unisex) Adult: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL			
Youth Size : <input type="checkbox"/> XSm (2-4) <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Med (10-12) <input type="checkbox"/> Large (14-16)			

**Cost:**

Please drop off Registration forms and payment at Guardian Pharmacy (Medical Arts Building Bridgewater) or the Chronicle Herald Office (in the Mall). Registration forms can also be emailed to [pharmacy@bridgewaterguardian.com](mailto:pharmacy@bridgewaterguardian.com) with credit card information for payment.

Circle one: **VISA**   **MasterCard**   Card Number: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_  
 Cardholder name & signature: \_\_\_\_\_

**\$5 per participant OR \$10 per family**   Office Use only: Payment Received by/date: \_\_\_\_\_

ALL funds collected will be **donated** to a local School Breakfast Program! – Thank you for your support!

**PARTICIPANT WAIVER:** I know that participating in physical fitness events is a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I should not participate without my physician's approval. I agree to abide by any decision of an event official concerning my ability to safely participate. I assume any and all risks associated with the event; including but not limited to, falls, contact with other persons or objects, the effects of weather, traffic and course conditions. As a condition of my entering this event, I, for myself, any accompanying minors, and anyone entitled to act on my behalf, waive and release Bridgewater Guardian Pharmacy and Christmas on the Lahave, any associated or related entities, their directors, officers, employees, agents, representatives, sponsors, volunteers, and organizers (herein collectively called "Event Organizers"), from present and future claims and all liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of the Event Organizers. I agree that the Event Organizers shall not be liable for any personal injury, death or property loss, and I release the Event Organizers and waive all claims with respect thereto. In the event my registration fees are paid, I agree to be bound by the provisions of this waiver. I grant permission to Event Organizers to use or authorize others to use any photographs, motion pictures, or any other record of my participation in this event or related activities without remuneration. Applications for minors shall be accepted only with a parent's signature. I have read this Waiver. I understand and accept its terms.

Signature: \_\_\_\_\_ (Parent/Guardian Signature if participant under 18)

Date: \_\_\_\_\_

IN CASE OF EMERGENCY			
Name of local friend or relative	Relationship to patient:	Home phone no.:	Cell phone no.:
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