



# June 6, 2026 Aphasia Institute Registration Form

## Participant Information

<b>APHASIA INSTITUTE</b>			
First Name		Last Name	
Street Number	Street Name	Suite/Unit Number	
City/Town		Province	Postal Code
Telephone Number		Email	

## Event Information

### Entry Fee:

**\$25 – Adult**

**\$10 – Senior (65 or over) or Person with Disability**

**Free – Children (14 and under) (No fee required)**

## Please make cheques for registration payable to: Aphasia Institute

Please return this form to: **Aphasia Institute, 73 Scarsdale Road, Toronto,  
ON M3B 2R2**

### RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant in the Aphasia Institute, Talk, Walk 'n Roll on JUNE 6, 2026.

I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Aphasia Institute and all their respective agents, officials, servants, from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, rising or to arise by reason of my participation in the said event, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE or HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid 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 in the said event.

I FURTHER HEREBY GIVE the Aphasia Institute permission to photograph, videotape, make an audiotape of, film and/ or interview either myself or the child named below, and to publish said photographs, videotapes, audiotapes, films and/ or interviews in Aphasia Institute publications/material, including marketing and promotional materials, and the Aphasia Institute official website for current and future use.

The photographs, video, etc. shall constitute the exclusive property of the Aphasia Institute and may be reproduced by Aphasia Institute and anyone it has authorized, without compensation or payment to the individual(s) concerned or any other person.

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE AGREEMENT WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

## Participant Signature

<b>Participant Name</b> (Print – First, Last)	<b>Participant Signature</b>	<b>Date</b> (yyyy-mm-dd)
<b>Note: For participants under 18 years of age,</b> Parent/Guardian's name and signature will be required below.		
<b>Parent/Guardian</b> (Print – First, Last)	<b>Parent/Guardian Signature</b>	<b>Date</b> (yyyy-mm-dd)