



THE CHILDREN'S TREATMENT CENTRE
LE CENTRE DE TRAITEMENT POUR ENFANTS

Your Event, Your Way!

MAJOR SPONSOR



SPONSOR



SPONSOR SHEET

Name: _____

Telephone No: _____

E-Mail Address: _____

Mailing Address: _____

Age: (please select one) ☐ 18 years and older
☐ Younger than 18 years old

Participants can choose:

- 1) An activity: cycling or walking
- 2) Their own date and time between June 1–June 30, 2024.
- 3) Their own location and route to follow.
- 4) To cycle or walk alone, with a family member, or a friend.

RELEASE / WAIVER

YOUTH PARTICIPANT

Participants under the age of eighteen (18) must have permission of the parent or guardian, as indicated by the signature below:

In consideration of my child, _____, being allowed to participate in the Children's Treatment Centre Bike-A-Thon activities including soliciting sponsors, to be held during the month of June 2024, I, _____ hereby release the Children's Treatment Centre, its agents, volunteers and/or employees from any and all action, claims and demands for damages, loss or injury of any kind or nature whatsoever howsoever arising which may be sustained by said child as a result of participating in the Bike-A-Thon activities.

I understand the Children's Treatment Centre and the Bike-A-Thon Committee are not responsible for the supervision of my child as a result of participating in the said Bike-A-Thon Activities.

By submitting this entry and signing below, I acknowledge having read, understood and agreed to the above release waiver. I warrant that my child is physically fit to participate in this event.

Dated the _____ day of _____, 2024

SIGNATURE OF PARENT OR GUARDIAN ADULT PARTICIPANT

ADULT PARTICIPANT

In consideration of being allowed to participate in the Children's Treatment Centre Bike-A-Thon activities including soliciting sponsors, during the month of June 2024,

I _____ hereby release the Children's Treatment Centre, its agents, volunteers and/or employees from any and all actions, claims and damages, loss or injury of any kind or nature whatsoever howsoever arising which may be sustained by me as a result of participating in the said Bike-A-Thon activities. By submitting this entry and signing below, I acknowledge having read, understood and agreed to the above release waiver. I warrant that I am physically fit to participate in this event.

Dated the _____ day of _____, 2024

SIGNATURE OF PARTICIPANT

The Highway Traffic Act requires that all cyclists under 18 years of age wear a safety helmet. We strongly recommend that all adult cyclists also wear a safety helmet.

*In order to have your receipt mailed to you, please print your name and complete address clearly.
Tax Receipts of \$20.00 or more will be automatically mailed*

SPONSOR NAME	MAILING ADDRESS (Please print clearly)	POSTAL CODE	PHONE	AMOUNT

(see page 2)

*In order to have your receipt mailed to you, please print your name and complete address clearly.
Tax Receipts of \$20.00 or more will be automatically mailed*

[illegible]

Pledges and Donations Collected

- Sponsor Sheets and Pledges can be dropped off in the mailbox at *The Children's Treatment Centre* office located at 305A Second Street East, Cornwall (entrance at rear of building) at any time during business hours: Monday to Friday, 8:30 am to 4:00 pm.
- Pledges/Donations can be made by cash, cheque, credit card or on-line through the Centre's website: www.childrenstreatmentcentre.ca

PRIZES will be awarded. For details, contact the Children's Treatment Centre.

DEADLINE: Participants are asked to submit their pledges/donations by **4 pm on Friday, July 12th, 2024.**

WARNING: The participation in any of the Children's Treatment Centre Bike-A-Thon activities carries with it an inherent risk. All participants are cautioned and expected to take all necessary safety precautions in regard to their safety and the safety of others when participating in the said activities. Participation should be carried out with care and diligence at all times.