



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

Your Event, Your Way!

MAJOR SPONSOR



SPONSOR



MEDIA SPONSORS



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, 2026.
- 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 2026, I, _____ hereby release the Children's Treatment

NAME OF PARENT OR GUARDIAN – PRINT

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 _____, 2026 _____
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 2026,

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 _____, 2026 _____
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)

