



# PARTICIPANT INFORMATION

In 2021, join your community in a brain-boosting virtual fundraising event: The BrainyActive Challenge!

**Help raise funds for dementia care, support and education.**

Please contact us at [BrainyActive@dsorc.org](mailto:BrainyActive@dsorc.org) to arrange pick up of this form and all funds collected for the BrainyActive Challenge.

All cheques made payable to The Dementia Society of Ottawa and Renfrew County.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE HOME (\_\_\_\_) \_\_\_\_\_

WORK (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

EMAIL \_\_\_\_\_

TEAM NAME \_\_\_\_\_ CAPTAIN \_\_\_\_\_  
(IF APPLICABLE)

DATE OF BIRTH \_\_\_\_\_ DD/MM/YYYY



Raise \$125, earn a BrainyActive notebook!

I would like to subscribe to The Dementia Society of Ottawa and Renfrew County monthly e-bulletin.

## PARTICIPANT RELEASE AND WAIVER

In consideration of The Dementia Society permitting me to participate in this event, I hereby, for myself, executors, administration and personal representatives, release the organizers of this event, their agents and volunteers, the event sponsors, and The Dementia Society from all liability claims of any kind whatsoever that I might have for personal injuries or property losses suffered by participation in this event.

I certify I have full knowledge of the risks involved in this event, that I am physically fit and able to participate, and unless indicated to the contrary by the signature of the guardian below, I am 18 years or older.

By giving The Dementia Society permission to use my name and photo in media promotional materials I am helping to build awareness and support the Society in its mission of helping people in our communities impacted by dementia.

Photos and videos recorded and sent in for this event may also be used to help the Society promote the event in flyers, brochures, and other materials.

\_\_\_\_\_  
PARTICIPANT'S NAME (please print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Everyone must sign this waiver.  
If under 18, a parent or guardian must sign.

Founding Sponsor:



Supporting Sponsors:



1750 Russell Rd., Suite 1742  
Ottawa, ON K1G 5Z6  
613-523-4004  
888-889-6002  
DementiaHelp.ca



# PLEDGE FORM

In 2021, join your community in a brain-boosting virtual fundraising event: the BrainyActive challenge!

Please PRINT the name and address of each donor clearly. Only record cash and cheque donations on this form. Please do not include credit card information below. Credit card donations accepted online (BrainyActiveChallenge.ca).

DONOR NAME	ADDRESS	CITY	POSTAL CODE	*EMAIL	I WANT TO RECEIVE EMAILS FROM THE DEMENTIA SOCIETY	TELEPHONE	AMOUNT \$__._	RECEIPT Y/N
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			

**TOTAL** \$  (A)

FOR OFFICE USE ONLY

TOTAL DONATIONS (A) \$

+ TOTAL ONLINE DONATIONS (PER ONLINE CONTROL SHEET) \$

= TOTAL SUBMITTED (for ALL pages and online donations) \$  FOR OFFICE USE ONLY

