

MARCHE Pour la SLA	1700	
City:	Addr	

Address:	Participant Name:

PLEDGE FORM

WALKFORALS.CA

**BELMONT 2018** 

Are you the Team Captain? Y N Team Name:	Email: Telephone:	City: Province: Postal Code:	Address:

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DONOR INFORMATION	Please print clearly - If we can't read it, we can't		receipt it!		
Receipt Req'd First Name Last Name	Mailing Address # Street, City, Province	Postal Code	Telephone	Email	Amount Received
Y/N					
WAIVER MUST BE SIGNED BY WALKER  In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to all and hold harmless the ALS Society of Chanda and hold harmless t	WAIVER MUST BE SIGNED BY WALKER  In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless the ALS Society of Canada and ALS Society of Manitoba, corporate sponsors, and a properties of the provider of th	<ul> <li>Please photocopy this form if you need extra copies</li> <li>Receipts will be issued for all donations of \$20 or m</li> </ul>	orm if you need extra copies for all donations of \$20 or more	Subtotal (this page only)	
or-operating organizations and any other parties connected with this event in any way, singly or collectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenier or damage hereby suffered or sustained as a result of participation in the 'WALK for ALS' in 2018, or	or-objectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 'WALK for ALS' in 2018, or	<ul> <li>Collect the money when the Please make ch</li> </ul>	the donor contributes  cheques payable to:	Grand Total	

with this event, and to receive email updates about upcoming events and programs.

Signature of Participant

Parent/Guardian if under 18 years

Birth Year (if under 18 years)

Please do not include any online donations on this form

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2A-1717 Dublin Ave, Winnipeg, Manitoba R3H 0H2 Charitable Registration Number: 120654421RR0001

Please make cheques payable to: ALS SOCIETY OF MANITOBA

> **Grand Total** (all pages)

event of injury or illness. I also give full permission for use of my name, photo, and video in connection any activities associated therewith. I hereby consent to and permit emergency treatment in the