WALK for ALS
www.walkforals.ca
presented in BC and the Yukon by
HME Mobility & Accessibility & Sunrise Medical

2018 PLEDGE FORM

WALKFORALS.CA

Participants Name: _____

Address: _____

City _____ Province: _____ Postal Code: _____

Email: _____ Telephone: _____

WALK Location: _____

Are you the team captain? Y ☐ N ☐ Team Name: _____

I am WALKing in honour of:

_____

My fundraising goal is:

$ _____

DONOR INFORMATION: TO RECEIVE TAX RECEIPT, YOU MUST PRINT FULL FIRST & LAST NAME, INCLUDING ADDRESS INFO / DO NOT INCLUDE ANY ONLINE DONATIONS ON THIS FORM

Title	First Name	Last Name	Donor Mailing Address # Street, Rural Route, City, Province	Postal Code	Telephone	Email	Amount Received	Cash	Cheque

Subtotal (this page only)	
Grand Fundraising Total (all pages)	

WAIVER MUST BE SIGNED BY WALKER

The Participant:

1. Hereby releases, waives and discharges and agrees to hold harmless and indemnify the ALS Society of BC, ALS Canada, and each of its respective Corporate or individual Sponsors, as well as their subsidiaries and all associated, affiliated and related entities, successors, assigns, licensees, and other respective officers, directors, shareholders, agents and employees for or in relation to any claims or demands for any loss or damage by virtue of any injury to the person or damage to property suffered or sustained by the Participant arising out of or related in any way to the WALK for ALS, whether caused by negligence or otherwise.

2.Hereby grants to the ALS Society of B.C. and ALS Canada the full rights and permission to copyright and/or use, publish, and republish, video and still photographic material of the Participant in connection with the WALK for ALS in which the Participant may be included in whole or in part, in colour or in black and white, including the use of any electronic version in conjunction with such videos, and the use of my name, and to receive e-mail updates about events and programs.

3. Hereby consent to and permit emergency treatment in the event of injury and illness.

I have read this release and waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and have accepted it freely and voluntarily without any inducement, assurance or guarantee being made to me and intent my acceptance of this waiver to be complete and unconditional release of all liability to the greatest extent alowed by law.

_____ Signature of participant

_____ Parent/Guardian if under 18 years of age

- Please photocopy this form if you need extra copies
- Collect the money when the donor contributes
- Receipts will be issued for all donations of $20 or more
- Charity Registration Number: 10670 8985 RR0001