



Participant's Name: Mr./Mrs./Ms. _____

Address: _____ Apt.: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Tel.: _____

Team Name: _____

Walk City/Town: _____

Please print clearly - if we can't read it, we can't receipt it...

Please do not include any online donations on this form.

I am walking in honour of:

My fundraising goal is:

Title <small>Mr./Ms./ etc.</small>	Donor First & Last Name	Donor Mailing Address <small>Street & Apt. #, Rural Route, City, Province</small>	Postal Code	Telephone & Email	Circle one	Amount Received
				T E	Cheque Cash	
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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 ALS Society of Canada, corporate sponsors, co-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, inconvenience or damage hereby suffered or sustained as a result of participation in the 'WALK for ALS' in 2017, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name, photo and video in connection with this event, and to receive e-mail updates about events and programs.

- *Please photocopy this form if you need extra copies or download more at www.walkforals.ca*
- *Make cheques payable to ALS Society of Newfoundland*
- *Charitable Registration #81313 6744 RR0001*
- *Receipts will be issued for all donations of \$20 or more unless requested*

Subtotal (this page only)	
Total donations - all pages	

Signature of Participant

Parent/Guardian if under 18 years of age