



I walk in honor of:

My goal is: \$ _____

Save administrative costs and direct more funds to client services and research when you register and raise funds online.



Participant information

Individual Walker's name: Mr/Mrs. _____
First name Last name

Address : _____ Apt.: _____

City: _____ Province: _____ Postal Code : _____

Email : _____ Tel (_____) : _____ - _____

Team & captain's name: _____ Walk location : _____

Sex : F M Language : Fr En

Donation towards: ALS Society of Quebec Tony Proodfoot Fund

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

	Donor First and Last name	Address (Street, Apt, City, Province)	Postal Code	Telephone/Email	Payment method (circle)	\$	Cheque number
1				T: E:	Cash Cheque		
2				T: E:	Cash Cheque		
3				T: E:	Cash Cheque		
4				T: E:	Cash Cheque		
5				T: E:	Cash Cheque		
6				T: E:	Cash Cheque		
					Subtotal (This page only)		
					Total donations (All pages)		

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Receipts will be issued for all donations of \$20 or more unless requested.

WAIVER MUST BE SIGNED BY WALKER

Page _____ of _____

ASSUMPTION OF RISKS and RESPONSIBILITY: I realize that participation in the Walk for ALS entails the risk of injury to myself. I freely and voluntarily accept and assume all such risks, dangers and hazards and the possibility of personal injury, death, violence, property damage or loss, during all the time of this event. I accept my responsibility to abide by the laws of Quebec, to ensure that I have adequate medical coverage, to protect personal possessions, and obey all the rules set out for this event. **LIABILITY WAIVER and INDEMNIFICATION:** In consideration of approval to participate in this event, I and any personal representative, hold harmless, release and forever discharge the ALS Society of Quebec and Canada, the city where the Walk is taking place, the organizing committee, volunteers, sponsors and any other parties connected with this event, singly or collectively as well as all other persons participating in the event from and against all claims, actions, causes of actions, blame, liability, losses or damages, for any injury, misadventure, harm, inconvenience or damage hereby suffered or sustained as a result of my participation in the activity. **USAGE OF PHOTOS and VIDEO:** I also give full permission for use of my photo and video in connection with this event without any consideration. The information provided by the participant will only be used by The ALS Society of Quebec for organizing this event and for future promotion of events.

Signature of participant: _____ Parent/guardian if under 18 years of age: _____



PLEDGE SHEET (Cont'd)

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	Prénom et nom du donateur	Adresse (Rue, no app., ville, province)	Code Postal	Téléphone/Courriel	Méthode paiement (encerclez)	\$	Cheque number
7				T: E:	Cash Cheque		
8				T: E:	Cash Cheque		
9				T: E:	Cash Cheque		
10				T: E:	Cash Cheque		
11				T: E:	Cash Cheque		
12				T: E:	Cash Cheque		
13				T: E:	Cash Cheque		
14				T: E:	Cash Cheque		
15				T: E:	Cash Cheque		
16				T: E:	Cash Cheque		
17				T: E:	Cash Cheque		
18				T: E:	Cash Cheque		
19				T: E:	Cash Cheque		
Subtotal (This page only)							
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20				T: E:	Cash Cheque		
21				T: E:	Cash Cheque		
22				T: E:	Cash Cheque		
23				T: E:	Cash Cheque		
24				T: E:	Cash Cheque		
25				T: E:	Cash Cheque		
26				T: E:	Cash Cheque		
27				T: E:	Cash Cheque		
28				T: E:	Cash Cheque		
29				T: E:	Cash Cheque		
30				T: E:	Cash Cheque		
31				T: E:	Cash Cheque		
Subtotal (This page only)							
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