



2017 PLEDGE FORM
www.WALKforALS.ca

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

Individual Name: _____
 WALK Location: _____
 Team Name/Captain: _____
 Address: _____
 City/Province: _____ Postal Code: _____
 Email: _____
 Tel: _____ Bus: _____

I am walking in honour of:

My fundraising goal is:
 \$ _____

- Receipts will be issued for all donations of \$25 or more
- Please photocopy this form if you need extra copies
- Ensure cheques are payable to ALS Society of Alberta
- Collect the money when the donor contributes
- Charitable Registration #12063 0827 RR0001
- If you are depositing your money at the bank, you must bring this stamped pledge form and the deposit slip to the WALK and hand it in, or mail to:

**7874 10 Street NE
 Calgary, AB T2E 8W1**

Donor Name	Donor Mailing Address # Street, Rural Route, City, Province	Postal Code	Telephone/Email	Amount Received	Cheque	Cash	Receipt Requested
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				
			T				
			E				

WAIVER MUST BE SIGNED BY WALKER

The Participant:
 1. Hereby releases, waives and discharges and agrees to hold harmless and indemnify ALS Canada and the ALS Society of Alberta and each of its Corporate or individual Sponsors, as well as their subsidiaries and all associated, affiliated and related entities, successors, assigns, licensees, and their 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 ALS Canada and the ALS Society of Alberta 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. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

BANK DEPOSIT STAMP and ATTACH SLIP

ACCOUNT #: ATB 07909 1160192-24

TOTAL CHEQUES: _____
 TOTAL CASH: _____
 TOTAL DEPOSIT: _____
 VERIFIED BY: _____

 Signature of participant

 Parent/Guardian if under 18 years of age

 Date

**Please do not include any
 online donations on this form.**