



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 &amp; Apt. #, Rural Route, City, Province</small>	Postal Code	Telephone & Email		Circle one	Amount Received
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				E		Cash	

**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 2018 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](http://www.walkforals.ca)
- Make cheques payable to ALS Society of Prince Edward Island
- Charitable Registration #82936 7812 RR001
- Receipts will be issued for all donations of \$20 or more unless requested

<b>Subtotal (this page only)</b>	
<b>Total donations - all pages</b>	

Signature of Participant \_\_\_\_\_

Parent/Guardian if under 18 years of age \_\_\_\_\_