



**Welcome to the 2nd Annual
Dying to Live Recovery/Memorial Walk
Saturday, August 25, 2018 @ Seneca MS (2pm)**

Everyone knows someone who has battled addiction

- *Together we walk for those we love who are in recovery*
- *Together we walk for those we love who still struggle*
- *Together we walk for those we love that we lost to addiction.*
- *Together we fight.*

First Name: _____ Last Name: _____

Dear Potential sponsor,

I am participating in the Dying to Live fundraising walk at Seneca Middle School. All proceeds will help scholarship drug/alcohol treatment facilities, medical co-payments, sober living expenses, transportation to facilities, intervention services, and death benefits to addicts/families in need. Will you please sponsor me for this important cause? Make all checks payable to Dying to Live. All contributions are tax-deductible. To reach our goal, we hope that each participant finds at least 10 sponsors.

Thank you!

	NAME OF SPONSOR	PLEDGE	AMOUNT COLLECTED
1			
2			
3			
4			
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12			
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15			

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your Charity Walk, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the properties through with the Charity Walk will take place, as well as any person(s) connected with the Charity Walk, or as a result thereof. I also allow the Charity Walk and its affiliates the right to publish, print, display, record and use my name, image and likeness while at the Charity Walk in any and all media now known or hereafter devised. Walkers under the age of 12 must be accompanied by an adult. Walkers under the age of 18 must have this form signed by a parent or guardian.