

2018 JOURNEY FOR HEALTH WALK Pledge Sheet

August 12 2018 Austin Sawmill Park



Name: _____
 Address: _____
 City/Town: _____ P/Code _____
 Telephone Number: _____

PLEASE PRINT CLEARLY!

If you wish to receive a receipt, please provide an email address OR a complete mailing address and tick in the box provided.

CRA No.	Participant Name	Complete Mailing Address	City/Town	Postal Code	Telephone Number	Receipt <input type="checkbox"/>	Pledge Amount	Pledge Paid
1					()			
2					()			
3					()			
4					()			
5					()			
6					()			
7					()			
8					()			
9					()			
11					()			
12					()			
13					()			
14					()			
Totals							\$	\$

WAIVER: In consideration of my acceptance of this form, I hereby for myself, my administrators, my heirs and assigns, waive and release any and all rights and claims for damages against the organizers of this event their associates and representatives. I also agree to obey all traffic laws, exercise all safety precautions, avoid littering and respect the property of others. Parent or guardian must sign if participant is under 18 years: Signature of participant, parent or guardian:

CA	CH	DEP
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