



WALK LOCATION _____

I AM WALKING IN HONOUR OF _____ MY FUNDRAISING GOAL IS \$ _____



LAST NAME _____ FIRST NAME _____
 ADDRESS _____ CITY _____ PROVINCE _____
 POSTAL CODE _____ PHONE # _____ EMAIL _____
 TEAM NAME (if applicable) _____ TEAM CAPTAIN _____

ALL information must be completed for donors who want tax receipts.

DONOR INFORMATION Please print clearly on all sections of this form to ensure that donations are assigned to the correct person.					AMOUNT RECEIVED BY	
					CHEQUE	CASH
1	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
2	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
3	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
4	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
SUBTOTAL (This page only.)						
GRAND TOTAL (All donations.)						

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

- Please photocopy this form if you need extra copies.
- Receipts will be issued for all donations of \$20 or more.

WAIVER MUST BE SIGNED BY WALKER

PAGE ____ OF ____

WAIVER & RELEASE: I agree that: 1) my participation in the Walk to End ALS event (the "Event") is voluntary; 2) I am in good physical condition and suffer from no personal health issues that may prevent me from participating in the Event; 3) at all times during the Event, my safety and safety of any minors under my care remains my sole responsibility; 4) I will discontinue from participating in the Event if requested to do so by any representative of the ALS Society of Newfoundland & Labrador or Amyotrophic Lateral Sclerosis Society of Canada-Societe Canadienne de la Sclerose Laterale Amyotrophique ("ALS Canada"); and 5) I am aware of the inherent risks in participating in the Event and voluntarily assume such risks. I acknowledge that there are elements of risk involved in the Event and that neither the ALS Society of Newfoundland & Labrador or ALS Canada, nor its affiliates, associates, directors, officers, employees or agents nor any sponsors of the Event (the "Releasees") have made any representations or warranties regarding the safety of the Event. IN CONSIDERATION of acceptance as a participant in the Event, I, on behalf of myself, my heirs, executors, administrators and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE the Releasees OF AND FROM ALL claims, liabilities, demands, losses, payments, actions, causes of action, damages, costs and expenses, whether in law, contract, tort, statute or equity, including, without limitation, death, injury, loss or damage to my person or property HOWEVER CAUSED arising or to arise by reason of my participation in the Event AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the aforesaid ("Claims"). I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all Claims, including all costs, expenses and legal fees, incurred by and or all of them arising as a result or in any way connected to my participation in the Event. I agree not to make any claim, or take any proceedings against any other person or corporation entitled to claim contribution and indemnity from the Releasees. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED to the above AGREEMENT, RELEASE, WAIVER AND INDEMNITY, and I WARRANT that I am physically able to participate in this Event. I hereby consent to and permit emergency treatment in the event of injury or illness. I grant to the ALS Society of Newfoundland & Labrador and ALS Canada, in whole or in part, the right to use the film footage/photographs of myself or of my child or children, produced for promotional purposes. I hereby transfer to the ALS Society of Newfoundland & Labrador and ALS Canada, all copyright and other interests in any film footage or photography taken of me or my child or children during the Event and hereby grant royalty-free permission, including rights to reproduce and/or include in all formats, my or my child's image or likeness for any lawful purpose. If under the age of majority in my home province, I have obtained parental consent prior to accepting these terms. I hereby consent to receive email updates about events and programs from the ALS Society of Newfoundland & Labrador.

Signature of participant _____

Parent/Guardian if under 18 years of age _____