DONATION FORM

walktoendals.ca

Walk to End ALS

WALK LOCATION _____

I AM WALKING IN HONOUR OF _____

MY FUNDRAISING GOAL IS $ _____

ALS SLA CANADA

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				
5	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
6	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				
7	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				

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

- Ensure you send in the signed waiver on page 2 with your donations
- Please photocopy this form if you need extra copies.
- Receipts will be issued for all donations of $20 or more.

DONOR INFORMATION

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					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				
5	LAST NAME	FIRST NAME				
	ADDRESS	CITY	PROVINCE	POSTAL CODE		
	PHONE #	EMAIL ADDRESS				

SUBTOTAL (This page only.)	
GRAND TOTAL (All donations.)	

RELEASE, WAIVER AND INDEMNITY AGREEMENT

I acknowledge that should I walk in an event where I walk on my own in a location of my choosing, which will not have any support or security measures in place by Amyotrophic Lateral Sclerosis Society of Canada-Societe Canadienne de la Sclerose Laterale Amyotrophique ("ALS Canada"), is a potentially hazardous activity, which could result in injury or death.

I acknowledge that the Walk to End ALS (the "Event") involves certain inherent risks. By registering for the Event I acknowledge and/or agree that: (1) my participation in the Event is voluntary; (2) my physical condition is sufficient to participate in the Event and I 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 Amyotrophic Lateral Sclerosis Society of Canada-Societe Canadienne de la Sclerose Laterale Amyotrophique ("ALS Canada") ; and (5) there is an inherent risk of injury in participating in the Event, and I voluntarily assume such risks.

I hereby confirm that neither 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 registering for 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, KNOWN OR UNKNOWN arising or to arise by reason of my participation in the Event and notwithstanding the same may have been contributed to by the negligence of any of the Releasees ("Claims"). I further undertake to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY the Releasees, to the fullest extent permitted by law, from and against any and all Claims, including all costs, expenses and legal fees, incurred by each of them 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, under the provisions of any statute or otherwise, from the Releasees, in respect of any Claim.

By registering for the event I acknowledge that I have READ, UNDERSTOOD AND AGREE to the above AGREEMENT, RELEASE, WAIVER AND INDEMNITY, and I WARRANT that I am physically able to participate in this Event. I also hereby consent to and permit emergency treatment in the event of injury or illness.

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably transfer and assign to ALS Canada all rights, title and interest in perpetuity to all photographs, film, slides, videotape, audio, recordings (still or moving), or any other media (known or presently unknown) taken of me or my child or children taken as part of the photographic, film or recording of the Event for the following media use, timeframe and territory: a worldwide and perpetual basis through the following channels: als.ca and any of its subdomains, email marketing, social media, and digital performance marketing, including the right to reproduce and/or include in all formats (including but not limited to print, web content, social media and online communications) my or my child's image or likeness for any lawful purpose. If I am under the age of majority in my home province, I have obtained parental consent prior to accepting these terms.

I hereby consent to receive e-mail updates about events and programs from ALS Canada. The privacy of our donors and event participants is important to ALS Canada. For more information on our privacy policy, please visit our website at als.ca.

Lastly, by registering for the Ontario Walk, I acknowledge that 60% of the proceeds will be donated to client services in Ontario and 40% will be donated towards ALS Canada's National Research Program. Fundraising dollars will not be designated outside of ALS Canada.

Signature of participant

Parent/Guardian if under 18 years of age

ALS SOCIETY OF CANADA 180 Bloor Street West, Suite 500, Toronto, ON M5S 2V6

Charitable Registration Number: 10670 8977 RR0002