



[www.aidswalkforlife.ca](http://www.aidswalkforlife.ca)

## WALKER REGISTRATION

PLEASE INCLUDE PERSONAL INFORMATION  
ON ALL PLEDGE FORMS SUBMITTED

PLEASE PRINT CLEARLY IN INK

FIRST NAME :

LAST NAME :

ADDRESS :

CITY :

PROVINCE : PC :

TEL :

E-MAIL :

TEAM (IF ANY) :

CASH ATTACHED \$

CHEQUES ATTACHED +\$

TOTAL ATTACHED =\$

OUTSTANDING TO BE COLLECTED  
& SUBMITTED LATER +\$

**→ TOTAL PLEDGES** =\$

PLEDGE FORM

PAGE : OF :

# PLEDGE FORM

WALKER NO.

FOR OFFICE USE ONLY

TAX RECEIPTS ISSUED BY INDIVIDUAL WALK SITES

Please select the organization you have chosen to support, but make all cheques payable to: **AIDS Walk for Life Ottawa**. Please bring your completed pledge form(s) and all money collected to the Walk or submit them to: **Bruce House, 402-251 Bank Street, Ottawa, ON K2P 1X3**. All pledge forms and monies should be returned by **October 11, 2008**.

Please mark the organization that you would like to support (please select only one):

AIDS Committee of Ottawa  Bruce House  Hemophilia Ontario  Pink Triangle Services  
 Planned Parenthood Ottawa  Snowy Owl AIDS Foundation  Wabano Centre for Aboriginal Health  Youth Services Bureau

AIDS Walk for Life Ottawa  
(general fund benefiting all agencies)

①	FIRST NAME : <input type="text"/>	LAST NAME : <input type="text"/>	ADDRESS : <input type="text"/>	CITY : <input type="text"/>	PROVINCE : PC : <input type="text"/>	<b>→ AMOUNT \$</b>	<input type="checkbox"/> TAX RECEIPT? <input type="checkbox"/> PAID?
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RELEASE, WAIVER, AND INDEMNITY. IMPORTANT: PLEASE READ THIS CAREFULLY BEFORE SIGNING. I agree that at all times during the AIDS Walk for Life and associated events ("the Walk") my safety remains my sole responsibility. I will discontinue my participation in the Walk if it is determined by medical personnel at any time that I am physically unfit to continue. I am aware of the risks inherent in participating in the Walk and assume all such risks. I give full permission for the use of my name and photograph by any of the Parties (as defined below) in connection with the Walk. In consideration of the acceptance of my application to participate as an entrant in the Walk, I for myself, my heirs, administrators, and legal representatives release, waive and forever discharge all claims, demands, damages, costs, expenses, in respect of death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event and notwithstanding that same may have been contributed by the negligence of any of the Parties, I further undertake to hold and save harmless and Agree to indemnify all of the Parties from and against any and all liability incurred by any or all of them arising as a result or in any way connected to my participation in the said event. I warrant that I am physically able to participate in the event. I shall submit all collected pledges to my local Walk. The term "Parties" means the Canadian AIDS Society, and all other associations, bodies and sponsoring companies with an interest in the Walk, and all their respective agents, officials, servants, representatives, volunteers and successors.

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE.

X

SIGNATURE (PARENT OR GUARDIAN IF UNDER 18)

DATE

WEB2008-ENG