



Suicide Awareness Walk 2017 PLEDGE FORM

Participant Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone Number: _____
 Email: _____
 Team Name (if applicable) _____

	NAME	PHONE #	ADDRESS/EMAIL	CITY & PROVINCE	POSTAL CODE	AMOUNT PLEDGED (\$)	PAID (Y/N)	TAX REC REQ'D
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Cash or Cheque made payable to:
Distress Centre Niagara



Distress Centre Niagara

I understand that the funds I raise will be used to support the mission of Distress Centre Niagara.

Sheet Total:
\$ _____

Online donations can be made at
www.canadahelps.org



@DCNiagara

Signature of Participant
(or Parent/Guardian if under 18 years of age)

Donations exceeding \$10 are eligible to receive tax receipts



RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of my participation and the permission to participate as an entrant in the Walk for Suicide Awareness on Sunday, September 10, 2017 and including the event that my photograph may be taken and used for promotional purposes, I hereby release, waive and forever discharge any and all associations, companies, organizations, volunteer groups, sponsors, suppliers or committees involved with the Walk for Suicide Awareness 2017, and their agencies or representatives from any and all claims, demands, damages, costs, expenses, actions and causes of action, however caused, arising from my participation in this Walk for Suicide Awareness 2017. By signing and submitting this entry form, I hereby acknowledge that I have read and understood these terms of the agreement, and I certify that I am of a physically fit condition to participate in this event.

Date: _____ Signature: _____ Email: _____
 (or Parent or Guardian if under 18 years of age)