



# Suicide Awareness Walk 2019 PLEDGE FORM



Distress Centre Niagara



@DCNiagara

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

	NAME	PHONE #	ADDRESS/EMAIL	AMOUNT PLEDGED \$
1				
2				
3				
4				
5				
6				
7				
8				

Online donations can be made at [www.canadahelps.org](http://www.canadahelps.org)

Cash or Cheque made payable to:  
**Distress Centre Niagara**

Sheet Total:

\$ \_\_\_\_\_



*All Donations exceeding \$20 will receive tax receipts by email unless otherwise indicated*

### 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 Tuesday September 10, 2019 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 2019, 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 2019. Additionally, I understand that the funds I raise will be used to support the mission of Distress Centre Niagara. 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)