



3rd Annual Phoenix Francis Have A Heart Foundation Walkathon



Name of Person Being Sponsored:

Address:

Phone:

PLEDGES Please print clearly. Complete in full names, addresses and postal codes. This information is necessary for tax receipt purposes. **PLEASE NOTE: Donations of \$20 or more will be received.

Donor First name	Donor Last name	Donor address	City	Province	Postal Code	Pledge Amount	Paid Y/N	Area Code	Phone Number
Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Card #:		Expiry:		Signature:			
Donor First name	Donor Last name	Donor address	City	Province	Postal Code	Pledge Amount	Paid Y/N	Area Code	Phone Number
Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Card #:		Expiry:		Signature:			
Donor First name	Donor Last name	Donor address	City	Province	Postal Code	Pledge Amount	Paid Y/N	Area Code	Phone Number
Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Card #:		Expiry:		Signature:			
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Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx	Card #:		Expiry:		Signature:			
Donor First name	Donor Last name	Donor address	City	Province	Postal Code	Pledge Amount	Paid Y/N	Area Code	Phone Number
Total \$ \$:									

In consideration of the acceptance or my registration to participate in the 3rd Annual Phoenix Francis Have A Heart Foundation Walkathon, I, for myself, my family, my heirs, executors, administrators, successors, and assigns hereby release waiver and forever discharge the 3rd Annual Phoenix Francis Have A Heart Foundation, Walkathon organizers and volunteers, all sponsoring companies and elected and appointed officials, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, 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 said event whether prior to, during or subsequent to the event and notwithstanding that same may have contributed to or occasioned by the negligence of the aforesaid, I further hereby undertake to hold and save harmless and agree to indemnify all of our aforesaid from and against any and all liability incurred by any or all of them arising as a result of or in any way connected with my participation in the said event. By submitting this entry, I acknowledge having read, understood and agree to the above waiver, release and indemnity. I warrant that I am physically fit to participate in this event. Signature: _____ Date: _____ (If participant is under 18 years of age, a parent or guardian must sign)