



Saturday, April 30, 2011

Registration / Pledge Form

Please fill out the following information and bring this form and all pledges (cheques/cash) with you to the walk.

Participant's Name _____

Address _____

City _____ Prov _____ Postal Code _____

Phone # _____ Email _____

Team Name (if applicable) _____

Team Captain (if applicable) _____

MUST BE AGREED TO BY EACH PARTICIPANT: In consideration of the acceptance of this entry into the Chris Rose Walk for Autism, I, the undersigned participant, or if the participant is under 19 years of age, the parent or legal guardian of the participant, acknowledge the inherent risks associated with this event and hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the Chris Rose Therapy Centre for Autism, including, but not limited to, its agents, representatives, successors, assigns, related societies or foundations and event sponsors and volunteers for any and all injuries suffered by me or damage sustained by me as a result of this event, for any cause whatsoever including negligence.

I understand that this event will be photographed and videotaped and hereby give the Chris Rose Therapy Centre for Autism rights to these images for future use.

Warning: Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: epilepsy, heart conditions, etc.) should check with his/her physician before entering. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during the event.

I have read the above waiver in full understanding.

Signed: _____ Date: _____
(Parent or legal guardian must sign if participant is 18 years or age or younger.)

Kids Only

Age 7 and under 8 to 13 14 to 18 Parent/Guardian's Name: _____

School: _____

Instructions

1. Please print clearly. **Tax receipts will be issued for pledges of \$25 or more.**
2. Make **cheques payable to the Chris Rose Therapy Centre for Autism.**
3. Start to collect pledges well before the walk date and bring ALL funds and the Pledge Form with you to the walk.
4. Download additional pledge forms online, at **www.chrisrosecentre.com**

MY PLEDGE

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

OTHERS' PLEDGES

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque



Participant's Name _____

OTHERS' PLEDGES, CONTINUED

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

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Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque

Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Pledge Amount: \$15 \$25 \$50 \$100 \$ _____ Paid by Cash Cheque