



Presented in BC & the Yukon by:

Top Level Sponsor



Y.P. HEUNG FOUNDATION

# PLEDGE FORM

[mometocureals.ca](http://mometocureals.ca)

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Walk Location: \_\_\_\_\_

Are you the team captain? Y  N  Team Name: \_\_\_\_\_

I am Walking in honour of:

\_\_\_\_\_

My fundraising goal is:

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

**DONOR INFORMATION: TO RECEIVE A TAX RECEIPT, YOU MUST PRINT FULL FIRST & LAST NAME, INCLUDING ADDRESS INFO / DO NOT INCLUDE ANY ONLINE DONATIONS ON THIS FORM**

Title	First Name	Last Name	Donor Mailing Address # Street, Rural Route, City, Province	Postal Code	Telephone	Email	Amount Received	Cash	Cheque

**WAIVER MUST BE SIGNED BY WALKER**

WAIVER & RELEASE: I agree that: 1) my participation in the Move to Cure ALS event (the "Event") is voluntary; 2) I am in good physical condition and suffer from no personal health issues that may prevent me from participating in the Event; 3) at all times during the Event, my safety and safety of any minors under my care remains my sole responsibility; 4) I will discontinue from participating in the Event if requested to do so by any representative of the ALS Society of BC; and 5) I am aware of the inherent risks in participating in the Event and voluntarily assume such risks. I acknowledge that there are elements of risk involved in the Event and that the ALS Society of BC or its affiliates, associates, directors, officers, employees or agents or any sponsors of the Event (the "Releasees") have made any representations or warranties regarding the safety of the Event. In consideration of acceptance as a participant in the Event, I, on behalf of myself, my heirs, executors, administrators and assigns hereby release, waive and forever discharge the Releasees of and from all claims, liabilities, demands, losses, payments, causes of action, damages, costs and expenses, whether in law, contract, tort, statute or equity, including, without limitation, death, injury, loss or damage to my person or property however caused arising or to arise by reason of my participation in the Event and notwithstanding that same may have been contributed by the negligence of any of the aforesaid ("Claims"). I further undertake to hold and save harmless and agree to indemnify all the aforesaid from and against any and all Claims, including all costs, expenses and legal fees, incurred by and or all of them arising as a result or in any way connected to my participation in the Event. I agree not to make any claim, or take any proceedings against any other person or corporation entitled to claim contribution and indemnity from the Releasees. By submitting this entry I acknowledge that I have read, understood and agreed to the above agreement, release, waiver and indemnity, and I warrant that I am physically able to participate in this Event. I hereby consent to and permit emergency treatment in the event of injury or illness.

I grant to the ALS Society of BC, in whole or in part, the right to use the film footage/photographs of myself or of my child or children, produced for promotional purposes. I hereby transfer to the ALS Society of BC all copyright and other interests in any film footage or photography taken of me or my child or children during the Event and hereby grant royalty-free permission, including rights to reproduce and/or include in all formats, my or my child's image or likeness for any lawful purpose. If under the age of majority in my home province, I have obtained parental consent prior to accepting these terms. I hereby consent to receive e-mail updates about events and programs from the ALS Society of BC.

The privacy of our donors and event participants is important to the ALS Society of BC. For more information on our privacy policy, please visit our website at alsbc.ca.

Subtotal (this page only)	
Grand Fundraising Total (all pages)	

PAGE \_\_\_\_\_ OF \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Parent/Guardian if under 18 years of age

- Please photocopy this form if you need extra copies
- Collect the money when the donor contributes
- Receipts will be issued for all donations of \$20 or more
- Charity Registration Number: 10670 8985 RR0001