Walk a Mile in Her Shoes® Registration/Pledge Form

Saturday, May 26th, 2018 **ROBERTA BONDAR PAVILION**

Registration/11:00 a.m. **Opening Ceremony**/12:00 p.m. **Hub Trail Walk-A-Mile**/12:30 p.m.
Post-Walk Festivities/1:30 p.m.

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____Phone: _____ Your Shoe Size: _____

Email: _____ Team Name (if applicable):

PLEASE READ CAREFULLY – WALK A MILE® WAIVER** In consideration of my entry in the Walk A Mile® event, I, for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of this event, its participants, its employees, all sponsors, and their representatives and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation in the event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for competition in this event and I have not been advised otherwise by a qualified medical personnel. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of this event without compensation.

SIGNATURE OF PARTICIPANT: _____

**NOTE: If name, address and/or postal code cannot be read or is incomplete, NO TAX RECEIPT will be issued.

**Completed pledge forms with monies may be delivered to WOMEN IN CRISIS (ALGOMA) INC. prior to Walk date.
All forms **with funds** must be delivered on the day of the event at the Registration table.

Walk Coordinator: Erin Lodge (705) 759-1230
adminassist@wicalgoma.com

Women In Crisis (Algoma) Inc. - 23 Oakland Ave. - SSM ON - P6A 2T2
www.womenincrisis.ca
www.walkamileinhershoes.org

WALK A MILE 2018 PLEDGE FORM

Participant Name: _____ Team Name: _____

Sponsor Name	Mailing Address	City	Postal Code	Phone	Pledge $	Paid $	Cash /Chq

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TOTAL $ IN PLEDGES	TOTAL $ COLLECTED