



Hiker's First & Last Name: _____

Team Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

E-mail: _____ Phone: (_____) _____



2011 Pledge Form

Donor First and Last Name	Donor Mailing Address (# Street, Rural Route, City, Province)	Postal Code	Telephone/ E-mail	Amount Received	Cash or Cheque
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WAIVER MUST BE SIGNED BY HIKER
 In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless ALS Ontario, the ALS Society of Canada, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly, or collectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the 'Hike for ALS' in 2011, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and photo in connection with this event.

- Please photocopy this form if you need extras
- Make cheques payable to ALS Ontario
- Charitable Registration #13182 0938 RR0001
- Receipts will be issued for all donations of \$20 or more, unless requested
- Please print all information clearly - if we can't read it - we can't receipt it!
- Collect the money when the sponsor agrees to contribute

Subtotal this page only	\$	Page
Grand Fundraising Total	\$	of

Signature of Participant

Parent/Guardian if under 18