



Walk and Run



Sunday October 23rd, 2011
 Location: ASNL S&C 7 High Street, GF-W
 Address: 7 High St PO Box 133 GF-W, NL A2A 2J4
 T: 709-489-4190 F: 709-489-0694 E: info@asnl.ca W: www.asnl.ca

Personal Information:

Name:	Phone:
Address:	Town:
E-mail:	Postal Code:

PLEDGE SHEET (Please Print Clearly)

			Amount Pledged	Amount Received
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		
Name:	Tel:	E-Mail:		
Address:	Town:	Postal Code:		

THANK YOU FOR YOUR SUPPORT

TOTAL AMOUNT RECEIVED	\$
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*Make cheques payable to Autism Society of Newfoundland and Labrador, South and Central Chapter (ASNL S&C). Donations over \$10 will receive a charitable tax receipt, for receipting purposes full address including postal codes are required.



RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant or competitor.

Early Registration – Friday October 21, 2011 8:30-4:30PM ASNL Office

Registration 11:30AM – 12:30PM Walk Start 1:00PM

October 23, 2011 Grand Falls-Windsor, NL

PHOTO RELEASE

I hereby grant ASNL S&C permission to use my image in good taste in promotional materials, posters, web sites and other merchandise. I release ASNL S&C from all liability of any nature in the use of any electronic or film image and or audio for advertising purposes.

PARTICIPANT CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSON INFORMATION

ASNL S&C understands the importance of protecting your personal information and compliance with government regulations, ASNL S&C collects “public” and “personal” information such as contact information, gender and date of birth to enable us to contact you and maintain communication with you; to provide accurate results and statistics. I agree that the ASNL S&C can collect, use and disclose personal information about myself as set out above.

I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE THE AUTISM SOCIETY OF NEWFOUNDLAND AND LABRADOR, SOUTH AND CENTRAL CHAPTER, EVENT ORGANIZING COMMITTEE, HOST VENUE, HOST CITY/TOWN and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, successors and assigns OF AND FROM ALL claims, demands, damages, cost expenses, HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result, or in any way connected with my participation in the said event.

BY SUBMITTING this ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

IF THIS WAIVER IS ALTERED THE REGISTRATION WILL BE REJECTED.

Please fill out the form completely and SIGN below.

Free T-Shirt with \$25.00 in pledges

ALL FEES AND PLEDGE SHEETS DUE OCTOBER 23, 2011

Partial payments will NOT BE accepted.

Please submit this form with payment. Unsigned forms will not be accepted. It is a criminal offense to sign someone else's name. Print or type clearly. (If you are under the age of 18 please have the form signed by parent/guardian)

DATE:

SIGNATURE (Participant):

SIGNATURE (Parent/Guardian):