



ALS WALK STRONG PLEDGE FORM

Charitable Registration #: 88881 4662 RR0001

Name: _____ Location: _____ Email: _____

Address: _____

PLEASE PRINT DONOR INFORMATION CLEARLY

DONOR NAME	ADDRESS	EMAIL	AMOUNT

Cheques Payable To:
ALS Society of New Brunswick and Nova Scotia.
Tax receipts issued for donations of \$20 or more.

In signing this release I acknowledge and understand the intent thereof, and I hereby agree to absolve and hold harmless the ALS Society of NB and NS, corporate sponsors, cooperating organizations, and any other parties connected to this event in any way, singularly, or collectively, from and against blame and liability for any injury, misadventure, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in ALS Walk Strong in 2021, 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, photo and video in connection with this event, and to receive email updates about events and programs. In signing this release I acknowledge and understand that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I acknowledge and take personal responsibility for the risks associated with attend ALS Walk Strong. Please note that ALS Society of New Brunswick and Nova Scotia will follow guidelines set out by the provincial governments to adhere to all COVID-19 safety measures to ensure the health and safety of all guests.

Page Subtotal:
Grand Total:

