

Signature of Participant

Charitable Register Number: 88881 4662 RR0001

		Addre					
walking in honour	of:						
PLEASE PRINT DONOR INFORMATION CLEARLY							
DONOR NAME		ADDRESS	TELEPHONE		EMAIL		RECEIP \$20 or
RTANT INFORMATION cheques are payable to the ALS Society of New Brunswick and Nove Scotia (or ALS Society of NB & NS)					SUBTOTAL (THIS PAGE ONLY)		
ceipts will be issued for donations of \$20.00 or more if requested Please do not include any online donations on this form YER MUST BE SIGNED BY WALKER					GRAND FUNDRAISING TOTAL		
ng this release I acknowledg other parties connected w	e and understand the inten ith this event in any way, sir	t thereof, and I hereby agree to ab gularly, or collectively, from and ag LK STRONG'in 2018, or any activit	gainst blame and liability for a	any injury, m	isadventure, loss, inco	nvenience, or d	lamage

Parent/Guardian if under 18 years of age