

Saturday, April 20, 2024

Starts at 10:00 AM at the Centre (1111 Tranquille Road)

## Registration / Pledge Form

Each participant must fill this form out and sign the waiver on the right regardless of pledge(s).

### Instructions

1. Please print clearly. Tax receipts will be issued for pledges of \$25 or more. (Full address must be included for receipt.)
2. Make cheques payable to the Chris Rose Therapy Centre for Autism.
3. Start to collect pledges well before the walk date and bring ALL funds and the Pledge Form with you to the walk.
4. Additional pledge forms can be picked up at the Centre or downloaded from our website at [chrisrosecentre.org](http://chrisrosecentre.org).

<p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>Email: _____</p> <p>Complete the below for participants under 19 yrs of age:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Date of Birth (mm/dd/yyyy)</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>____ / ____ / ____</td> </tr> <tr> <td>_____</td> <td>____ / ____ / ____</td> </tr> <tr> <td>_____</td> <td>____ / ____ / ____</td> </tr> <tr> <td>_____</td> <td>____ / ____ / ____</td> </tr> </tbody> </table>	<u>Name</u>	<u>Date of Birth (mm/dd/yyyy)</u>	_____	____ / ____ / ____	_____	____ / ____ / ____	_____	____ / ____ / ____	_____	____ / ____ / ____	<p><b>MUST BE AGREED TO BY EACH PARTICIPANT:</b></p> <p>In consideration of the acceptance of this entry into the Chris Rose Walk for Autism, I, the undersigned participant, or if the participant is under 19 years of age, the parent or legal guardian of the participant, acknowledge the inherent risks associated with this event and hereby for myself, my heirs, executors, and administrators WAIVE and RELEASE any and all rights and claims for any damages of any sort I have against the Chris Rose Therapy Centre for Autism, including, but not limited to, its agents, representatives, successors, assigns, related societies or foundations and event sponsors and volunteers for any and all injuries suffered by me or damage sustained by me as a result of this event, for any cause whatsoever including negligence.</p> <p>I understand that this event will be photographed and videotaped and hereby give the Chris Rose Therapy Centre for Autism rights to these images for future use.</p> <p><b>Warning:</b> Any participant with known and unknown physical and/or health conditions that may be aggravated by participation in this event (example: epilepsy, heart conditions, etc.) should check with his/her physician before entering. Neither the Organizers nor the Sponsors are responsible for pre-event screening of participants and/or injuries incurred during the event.</p> <p style="text-align: center;"><b>I have read the above waiver in full understanding.</b></p> <p>_____ Participant Signature</p> <p style="text-align: right;">_____ Date</p> <p><b>Parent or legal guardian must sign if participant is under 19 years of age.</b></p> <p>_____ Parent/Guardian Signature</p> <p style="text-align: right;">_____ Date</p>
<u>Name</u>	<u>Date of Birth (mm/dd/yyyy)</u>										
_____	____ / ____ / ____										
_____	____ / ____ / ____										
_____	____ / ____ / ____										
_____	____ / ____ / ____										

### My Pledge

Name: \_\_\_\_\_

Pledge Amount:  \$15    \$25    \$50    \$100    Other: \$ \_\_\_\_\_

Tax receipt?    Yes    No

Paid by:    Cash    Cheque    Credit Card

There is a minimum \$10.00 pledge per participant to receive a T-shirt.

# Registration / Pledge Form

Page 2

Participant Name: \_\_\_\_\_

## Other Pledges

Name: _____	Tax receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City: _____	Postal Code: _____
Pledge Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	

Name: _____	Tax receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City: _____	Postal Code: _____
Pledge Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	

Name: _____	Tax receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City: _____	Postal Code: _____
Pledge Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	

Name: _____	Tax receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City: _____	Postal Code: _____
Pledge Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	

Name: _____	Tax receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____ City: _____	Postal Code: _____
Pledge Amount: <input type="checkbox"/> \$15 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$ _____	
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	