

PLEDGE FORM

Thanks for supporting the 10th anniversary Spring Walk for The Bridge Hospice!

Prefer to donate online? Easy peasy!
www.thebridgehospice.com/donate

WALKER'S FIRST & LAST NAME - please print _____

WALKER'S EMAIL ADDRESS* _____

WALKER'S MAILING ADDRESS - please include post office box number (if relevant) and postal code _____

TEAM NAME (if applicable) _____

Prizes for top individual & team total fundraisers



PLEDGER First & last name	ADDRESS (include P.O. box, civic address, RR # & postal code)	Phone	Amount	Paid	Receipt

Please make cheques payable to: The Bridge Hospice • Tax receipts issued for donations of \$20 or more. Reg'd Charitable Org No. 829872969 RR0001 TOTAL:

Waiver / Release – please read carefully. In volunteering to participate in the 2020 Spring Walk and Rubber Duck Race for The Bridge Hospice, I hereby agree that this activity shall be of my own risk against all casualties to myself or my property. I take all risks of any kind no matter how caused, and hereby release and discharge The Bridge Hospice, the Municipality of Trent Hills, sponsors, officials, organizers and any person involved in the Spring Walk and Rubber Duck Race, and indemnify them of and from all actions, claims, demands of every nature and kind. I shall permit free use of my name and picture in publicity concerning the Walk. I am physically fit to participate in the Walk. I have read and fully understand and agree with the contents of this waiver/release prior to participation in the Walk.

*I agree to receive occasional email from The Bridge Hospice.
 (You may withdraw consent at any time.)

DATE: _____ SIGNATURE: _____
 day / month / year If participant is under 18, parent or guardian must sign.