

**SUBMISSION DEADLINE:** Friday, September 15, 2022

Walker's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Team Name: \_\_\_\_\_ Charitable Registration Number 10093 1203 RR0001

**PARTICIPANT WAIVER**

**EACH PARTICIPANT MUST READ AND SIGN – PARTICIPANTS UNDER AGE 18 MUST HAVE THIS FORM SIGNED BY A PARENT OR GUARDIAN.**

I hereby release and discharge Community Living Chatham-Kent including, but not limited to all directors, sponsors and volunteers thereto from and against any and all damages sustained in consequence for any loss, injury or damage to any person or property, from any and all actions, claims or demands of any nature, resulting from any action and/or decision made by Community Living Chatham-Kent, or any of its Directors, sponsors, and volunteers thereto with respect to the Community Living Chatham-Kent Walkathon. IF PARTICIPANT IS UNDER AGE 18: This certifies that my son/daughter has my permission to participate in the Community Living Chatham-Kent Walkathon.

I hereby certify that I am of the full age of eighteen years. \_\_\_\_\_  
 (Signature of Participant) (Signature of Parent/Guardian – if Participant is under 18 years)

**PLEASE NOTE:**

- Cheques are payable to Community Living Chatham-Kent.
- Donor's full address (including Postal Code) is required, and must be legible for a tax receipt to be issued (\$20 minimum).
- Fundraising minimum is \$10 per walker in order to be eligible for food and prizes.

Sponsor's Name	Phone Number	Amount	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash
Mailing Address	City	Province	Postal Code
Sponsor's Name	Phone Number	Amount	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash
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Mailing Address	City	Province	Postal Code

**TOTAL DONATIONS:** \_\_\_\_\_

<i>Sponsor's Name</i>	<i>Phone Number</i>	<i>Amount</i>	<input type="checkbox"/> <i>Cheque</i> <input type="checkbox"/> <i>Cash</i>
<i>Mailing Address</i>		<i>City</i>	<i>Province</i> <i>Postal Code</i>
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<i>Mailing Address</i>		<i>City</i>	<i>Province</i> <i>Postal Code</i>

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