



2017 Walk for Suicide Awareness
***PLEDGE FORM**

Participant Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Team: _____ Phone: _____

*Additional Pledge Forms can be downloaded from www.distresscentredurham.com

	NAME	PHONE #	ADDRESS	CITY & PROVINCE	POSTAL CODE	AMOUNT PLEDGED (\$)	PAID (Y/N)	TAX REC REQ'D
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Cash or cheque made payable to:
Distress Centre Durham

I understand that the funds I raise will be used to support the mandate of DCD

I do not wish to receive future information regarding DCD Crisis / Suicide Programs, Services or events.

 Signature of Participant
 (or Parent or Guardian if under 18 years of age)

Sheet Total
 \$ _____

RELEASE, WAIVER, AND INDEMNITY

In consideration of the acceptance of my participation and the permission to participate as an entrant in the Walk for Suicide Awareness on Saturday September 9, 2017, and including the event that my photograph may be taken and used for promotional purposes, I hereby release, waive and forever discharge any and all associations, companies, organizations, volunteer groups, sponsors, suppliers or committees involved with the Walk for Suicide Awareness 2017, and their agencies or representatives from any and all claims, demands, damages, costs, expenses, actions and causes of action, however caused, arising from my participation in this Walk for Suicide Awareness 2017. By signing and submitting this entry form, I hereby acknowledge that I have read and understood these terms of the agreement, and I certify that I am of a physically fit condition to participate in this event.

Date: _____ Signature: _____ Email: _____