

PLEDGE FORM

You can also collect pledges online at cruisindownthecrescent.ca
 Call (204) 258-6702 for inquiries



Participant Name: _____

Address: _____

Phone: _____ Email: _____

Photocopy as needed. Please make cheques payable to Children's Rehabilitation Foundation.

Tax receipts will be issued for donations of \$15 or more; must provide full mailing address.

| NAME (PLEASE PRINT CLEARLY) | ADDRESS | POSTAL CODE | EMAIL | PHONE | AMOUNT |
|-----------------------------|---------|-------------|-------|-------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Pledge sheet total: _____

Online total: _____

GRAND TOTAL: _____

REGISTRATION FORM (If registering as a family, please include names of all family members who will be attending RBC Cruisin' Down the Crescent!)

Participant Name: _____

Names of all family members attending (please include ages of children):

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Please read carefully and sign below:

I acknowledge that participating in a road race and/or walk-a-thon where some or all of the other participants may be operating wheeled vehicles or other wheeled means of transport is a potentially hazardous activity. I acknowledge that adverse weather conditions might arise which may further increase the risk of injury or death to me. By signing this waiver I am expressly agreeing to release, waive, forever discharge and save harmless the Rehabilitation Centre for Children, the Children's Rehabilitation Foundation, SSCY Centre and any employees and/or agents, officials, representatives, conductors and assigns from all claims and demands, costs, damages, costs and expenses in respect to death, injury, loss or damage to my person or property however cause, notwithstanding negligence on the part of the aforementioned organizations and individuals, arising from my participation in the RBC Cruisin' Down the Crescent fundraising event whether as a participant or otherwise, whether prior to, during or subsequent to the event. I understand I will be informed by email of upcoming Children's Rehabilitation Foundation events. I understand my photo may be taken at this event and give consent for it to be used in future promotional materials for RBC Cruisin' Down the Crescent.

I acknowledge that I have been directed to read this waiver carefully and have done so prior to signing my name.

Signature _____ Date _____