



**20<sup>th</sup> Annual Walk for the Hungry and Homeless – May 20<sup>th</sup>, 2017: Walk Pledge Form**

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

Team/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Amount Pledged \_\_\_\_\_

Sponsor Name \_\_\_\_\_ Amount Pledged \_\_\_\_\_

1. \_\_\_\_\_

11. \_\_\_\_\_

2. \_\_\_\_\_

12. \_\_\_\_\_

3. \_\_\_\_\_

13. \_\_\_\_\_

4. \_\_\_\_\_

14. \_\_\_\_\_

5. \_\_\_\_\_

15. \_\_\_\_\_

6. \_\_\_\_\_

16. \_\_\_\_\_

7. \_\_\_\_\_

17. \_\_\_\_\_

8. \_\_\_\_\_

18. \_\_\_\_\_

9. \_\_\_\_\_

19. \_\_\_\_\_

10. \_\_\_\_\_

20. \_\_\_\_\_

*For more sponsors, just attach another sheet of paper with your name and Sponsor information. All checks should be made payable to ACT, Inc.*

Total: \$ \_\_\_\_\_

My employer will match my contribution.

Matching Gift Form is attached.

**Participant Waiver**

In consideration of acceptance of my entry, I the undersigned, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against any and all walk sponsors, or the cities and towns in which this walk is contested, their representatives, successors or assigns, for any and all injuries suffered by me in said event. I attest that I am physically fit and sufficiently trained for the completion of this event. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion picture recordings or any other record of this event for any purpose whatsoever, without compensation or remuneration.

*(Parent or guardian signature required for children under age 18.)* **Parent Signature:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_