



Participant Name: _____
 Address: _____
 City: _____ Prov: _____ PC: _____
 Telephone: _____
 Email Address: _____

NAME	ADDRESS	CITY	POSTAL CODE	AMOUNT PLEDGED	RECEIPT?

WAIVER
 In signing this release, I acknowledge that I understand the intent here of, and I agree and absolve and hold harmless Autism Ontario-London Chapter, corporate sponsors, directors, officers, employees, co-operating organizations and other parties connected with this event in any way, single or collectively from and against any blame and liability, misadventure, harm, loss, or inconvenience, damage hereby suffered as a result of participation in this event, hosted by Autism Ontario-London Chapter, or any activities associated therewith. I hereby consent to and permit emergency treatment in any event of injury or illness. I also give full permission for use of my name and/or photograph in connection with this event.

CASH		TOTALS COLLECTED
CHEQUES		
ONLINE		
TOTAL		

Signature of Participant (or guardian if less than 18 years of age) _____

Tax receipts will be sent for pledges over \$20 when information is legible and complete.
Please make cheques payable to Autism Ontario London.
Charitable Registration No. 11924 8789 RR0001
 For more information contact london@autismontario.com or 519-433-3390

