# Pledge Form | Walk for Autism Goderich | Sunday, June 23, 2019 (rain or shine)

Registration: 10:30 am at Lake Huron Pavilion #3 (note location). Walk starts at 11:00 am.

After the walk there will be lunch and free family activities in the park!

Participant (full name):_____

Address_____

City _____ Postal Code _____

Telephone _____ Email _____

I am walking for (name here if applicable) _____

Tax receipts will be issued for all pledges of $20 or more if requested and **if printing is legible**. Please make cheques payable to Autism Ontario Huron Perth Chapter. Please collect pledges before the event. **Free one year membership to Autism Ontario with over $500 of total pledges for person/family.**

Autism Ontario Huron Perth Chapter
United Centre, 32 Erie St. Stratford, ON N5A 2M4.
Charitable Registration No: 11924 8789 R0001

| Full Name | Address, Town/City | Postal Code | Amount Pledged | Amount Collected | Cheque or Cash | Tax Receipt Requested |
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**WAIVER** – in signing this release, I acknowledge that I understand the intent thereof, and I agree and absolve and hold harmless Autism Ontario-Huron Perth Chapter, 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, misadventures, harm, loss, inconvenience or damage hereby suffered as a result of participation in the 2019 Walk for Autism, hosted by Autism Ontario-Huron Perth 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.

Name of Participant (or guardian if less than 18 years of age)_____ Signature(s)_____ Date:_____