



PLUS

# Pledges



PLUS

Name \_\_\_\_\_

Address \_\_\_\_\_

City, Prov., Postal code \_\_\_\_\_

Phone h (\_\_\_\_\_) \_\_\_\_\_ w (\_\_\_\_\_) \_\_\_\_\_

Thank you for supporting the Children's Treatment Centre. Please print your information clearly. Please make cheques payable to the "Children's Treatment Centre". A t-shirt will be awarded to all participants raising \$50 or more. Receipts provided for all pledges of \$10 or more. **Helmets are mandatory. Thanks for your support!**

Name	Address	pledge	paid	receipt
John Doe	First Street, Anywhere Ontario	\$20.00	Yes	Yes

**Total**

**Waiver:** I hereby waive all claims against the Children's Treatment Centre, sponsors, organizers or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event. I understand that funds raised from this event will be used to help sexually and physically abused children.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of parent or guardian if under age 18