



# Guysborough County Walkathon and Guysborough County Triathlon 2010 Pledge Sheet

(Full information and pledge sheet copy at [www.pals-ns.ca](http://www.pals-ns.ca))

Under the direction of the Physically Active Lifestyle Society (PALS) "Benefitting the Eastern Memorial Hospital Foundation, the Guysborough Memorial Hospital Foundation and the St. Mary's Memorial Hospital Society. Please make cheques payable to PALS. Receipts issued for \$10.00 or more, if requested, and with complete postal mailing addresses: (Minimum grand total to walk: \$15.00.)

Collector: \_\_\_\_\_

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

Name	Complete Mailing Address	Pledge	Paid	Receipt Requested
<b>This Page's Total Pledges:</b>				

**Waiver/Release:** By participating in the Guysborough County Walkathon 2010 ("the Walk"), I waive and release any and all claims for myself, heirs, executors, and administrators against the Guysborough County Walkathon 2010, all sponsors, officials, organizers and supporters of the Walk for injury, illness or death which may directly or indirectly result from my participation in the Walk. I shall permit the free use of my name and picture in publicity resulting from the Walk. I am physically fit to participate in the Walk. I have read and fully understand and agree with the contents of this Waiver/Release prior to participating in the Walk.

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Signature of Participant or Guardian
Date

**Neighbours Helping Neighbours**