



Ø Walk in one Heart – Build in one Faith - II ×

Participant Name: \_\_\_\_\_ Age Group:  18-59  60+ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: ON \_\_\_\_\_

**Walkathon Information:**

Ÿ Sunday, September 22, 2019 Ÿ Time: 1 pm to 5 pm

♥ Location: Phyllis Rawlinson Park

♥ Parking/Sign In: 11715 Leslie St, Richmond Hill

Date to return pledge form : August 18, 25 or September 1, 8, 2019

**Notes to Donors:**

Thank you for your kind and generous support!

- Please submit the pledge funds before September 22, 2019.
- Cheque are made payable to “NTCAC” and please write “NTCAC Fundraising Walkathon 2019” on the cheque memo line.
- Tax receipts will be issued for pledges of \$20 or more. In order to receive a tax receipt, please include your mailing address, email and phone number.

Phase II Expansion Budget : \$1,800,000

Walkathon Fundraising Goal : \$30,000

DONOR NAME ( Please print )	MAILING ADDRESS	E-MAIL	PHONE NO.	Amount		RECEIPT ? YESp
				CASH	CHQ	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
			TOTAL	\$	\$	

# WAIVER, CONSENT & RELEASE

In consideration of the transportation services arranged by North Toronto Chinese Alliance Church (NTCAC) or by myself and provided by unpaid volunteers to and from church activities or any other destinations, I, the undersigned (including my estate, personal representative or assigned), do hereby release, indemnity and forever release the providers of these services from any personal and/or corporate liabilities, arising from providing such services, save and except where appropriately covered by accident insurance.

In the event that I require any medical attention or treatment under the above noted services or circumstances, the following contact person(s) shall be notified. If a contact cannot be made or made in time or in case of emergency, I give my permissions and consent to the medical clinic, hospital, physician or medical staff to provide medical treatment or emergency medical services. I consent to any transportation arrangement such as ambulance selected by my transportation provider or NTCAC to secure medical treatment or emergency medical services.

I acknowledge that NTCAC has advised me to consent with my family and to obtain independent legal advice before signing this Waiver, Consent and Release.

I reserve my right to waive independent legal advice.

In the event I choose not to retain or seek independent legal advice and execute this form, my waiver to independent legal advice is deemed given and I confirm I am of the full age of 18 and is of sound mind and sign this form voluntary and without duress.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**For office use only** Form #E\_\_\_\_\_

Received by : \_\_\_\_\_ Date: \_\_\_\_\_

Donation Amount: Cheque: \$\_\_\_\_\_ Cash: \$\_\_\_\_\_ Total : \$\_\_\_\_\_