RUN FOR MOM • OFFICIAL PLEDGE FORM • SUNDAY, MAY 8th, 2011

NAME – **PLEASE PRINT** _____

WAIVER: *By signing this release, I (we) acknowledge that I (we) understand the intent thereof and I (we) hereby agree to absolve and hold harmless the Run for Mom organizing Committee, Whitehorse General Hospital, and run sponsors in any way, single or collectively, from and against any blame or liability for injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the Run for Mom or any other activities associated herewith.*

Participant signature _____ *date* _____

Parent/Guardian if under 19 years: _____ *date* _____

PLEDGES OVER $10 WILL BE SENT A TAX RECEIPT • MAKE CHEQUES PAYABLE TO: **RUN FOR MOM**

DONOR NAME **PLEASE PRINT**	FULL ADDRESS	POSTAL CODE	PHONE NUMBER	AMOUNT PLEDGED	PAID (✔)