

RUN FOR MOM • OFFICIAL PLEDGE FORM

NAME – PLEASE PRINT _____ E-MAIL ADDRESS _____

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, Yukon Hospitals, 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.*

RUN FOR MOM IS AN OPEN MEDIA EVENT. PHOTOS MAY BE PUBLISHED.

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 INCLUDING POSTAL CODE	E-MAIL ADDRESS	PHONE NUMBER	AMOUNT PLEDGED	PAID (✓)

All participants will be added to the Run for Mom mailing list. You will not be flooded with emails nor will your email be shared with any other parties. We will only notify you of events like the annual run and breaking news on breast health in the Yukon. You can opt out of this list at any time.