

Date

Signature

Participant

## Great Canadian Backpack Challenge July 25th, 2019

PARTICIPANT NAME:	TEAM NAME	IN SUP	IN SUPPORT OF:		
	PHONE:		Participatina children and youth organization		
NAME	FULL ADDRESS - please include fire number	PHONE	RECEIPT # (only sent for pledges of \$20 or more)	PLEDGED	RECEIVED
Joe Smith	RR # 4, 123456789 Highway 10 Somewhereville ON H0H 0H0	519 555 1234	Office use only		
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			TOTAL		
Waiver: I any of my heirs or executors will hold the U	(please print) assume any and all responsibility in volunteering to participate in soluted Way responsible or initiate any claims for any injury or loss to self or pro	this United Way event. Neithe	GRAND STRUCTURE OF THE	TOTAL	
volunteers or any other member of the even	t caused by negligence, misconduct or any other manner.		Ψ	iges for this i	narticinant

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