

**Please fill out one form per person.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Bus.): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Waiver**

In signing this release, I acknowledge that I hereby agree and absolve and hold harmless the Alzheimer Society of Manitoba and any and all other organizers, their personnel - whether volunteer or otherwise - from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the Manitoba MudRun or any activities herewith. I hereby consent to and permit emergency treatment in the event of injury or illness. As part of this Waiver and Release, I acknowledge that I have read and understood all of the above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18, signature of parent or guardian:** \_\_\_\_\_

<b>Donor Information</b> <i>(please print neatly)</i>	Pledge Amount	Office Use Only
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
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Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	

Please write a personal cheque to the "Alzheimer Society of Manitoba" for cash collected  
 Please make ALL cheques payable to the "Alzheimer Society of Manitoba"  
 Tax receipts will be issued for pledges of \$15 or more  
 Bring the cheque/s and your pledge form to the **Manitoba MudRun**  
 This form may be photocopied

Page Sub-total \$ _____
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Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
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Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Home Address: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
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