



# PLEDGE FORM

All fields required. Tax receipts will be issued for donations \$10 and greater. Cheques must be made payable to the Health Care Foundation.

CRA: 85699 2334 RR0001  
 71 Goldstone Street, Suite 103  
 St. John's, NL A1B 5C3  
 Phone: (709) 777-5901

I wish to participate in the Dialysis Dash benefiting the Dialysis programs in the Health Science Centre, St. Clare's Mercy Hospital and the Waterford Hospital, a run/walk event, scheduled to take place in St. John's, NL on Sunday, August 13, 2017, and I agree to abide by the rules, regulations and instructions of the event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an event and the use and participation in services made available to participants during the event. I hereby waive and release from any and all claims for injuries, damages or death arising out of the event or my participation in the event against the Dialysis Dash and any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, participants, volunteers, employees, agents, and representatives, including, without limitation, the event medical sponsor. I understand and agree that this waiver and release is binding on my heirs, assigns and legal representatives.

Name/Team Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Full Name*	Mailing Address*	Town, Province*	Postal Code*	Phone	Email*	Amount Received	Method of Payment*	Name/Amount on scoreboard
Sarah Sample	123 Any Street	St. John's, NL	A1B 2A3	709.555.5555	sarahsample@live.ca	\$25	Cash	Yes

\*For credit card donations please visit [www.hcfdialysisdash.ca](http://www.hcfdialysisdash.ca)

