

Lakeshore Miles for Meals 5K Walk

Here's what you do:

August 1st, 2009

1. Sign up sponsors and record the amount they pledged on this form. **Collect all donations before the event.**
2. Make checks payable to "AgeWell Services" or "Meals on Wheels".
3. On the day of the 5K walk, bring your completed form to the *PLEDGE WALK TABLE* at Pere Marquette Park.
4. All pledges (monies) must be turned in to AgeWell Services on the day of the walk to qualify for prizes.
5. Registration fee waived and free t-shirt for those who turn in \$25.00 or more.
6. We apologize, Timing Chips *will not* be issued to pledge walkers.
7. Pledges raised support our Home Delivered Meals Program.

Questions? Contact AgeWell Services / Meals on Wheels at (231) 755-0434. Thanks for your support!

Participant Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ ZIP: _____

Total Pledge Amount: \$ _____ **Team / School:** _____

Donor Name	Address	Phone #	Pledge Amt	Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

WAIVER Must be signed in order to participate. Please read carefully.

In consideration of my participation in Meals on Wheels 5K Walk; I on behalf of myself, my heir, legatees, personal representatives and all those claiming or through me consent to hereby discharge and forever hold harmless any and all sponsors of the Local walks, all municipal agencies and municipalities whose property and/or personnel are used and any other sponsoring or co-sponsoring agency(ies) or individuals from responsibility for any injuries or damages I may suffer as a result of my participation in this event. I certify that I am in good physical condition and I am able to participate in this event. In addition, I hereby consent to discharge and release the sponsors for any liability whatsoever for the following use, any reproduction of my name, voice, likeness and any and all photographs, sketches, motion pictures taken or made for use with this event or other events without obligation to me. I also certify that I voluntarily shall collect and submit any and all sponsorship monies collected to AgeWell Services. I certify that all information provided on this form is true and complete and that I abide by the rules and instructions of the event officials and event management. I have read the entry information for the event and certify my compliance by my signature below.

Signature X _____ Date _____

NOTE: ALL PARTICIPANTS MUST SIGN WAIVER

560 Seminole Rd. Muskegon, MI 49444
 231-755-0434 Fax 231-733-8683
 1-800-442-6769

(Parent / Guardian if under 18) _____