

City/Province:	Postal Code:	E-mail:
Phone # (Home):	Business:	

Please confirm your participation by Monday, June 5th by emailing <u>ncrawford@communitylivingessex.org</u> or at 519-776-6483 ext 282.

Donation receipts will be issued for all donations of \$10 or more.

All proceeds benefit people with an intellectual disability and their families in Essex County.

Donor Name	Donor Mailing Address (# Street, Rural Route/Unit, City, Province, Postal Code)	Telephone/Email	Amount	Cash/Cheque	Received

Please photocopy this form if you need extras. Make cheques payable to Community Living Essex County Collect the money when the pledge agrees to contribute.

Total number of donations

Total dollar amount of donations \$ _____

I understand that participating in this Stationary Row event is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I agree to abide by any decisions of event officials relative to my ability to safely participate. I assume all risks associated with this event. Having read this waiver and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Community Living Essex County, Beachwalk Family Fitness, Libro Credit Union and other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.