

# WALK FOR LIFE

## Fundraiser

### Sponsor Pledge Form



**WALKER'S INFORMATION BELOW:**

WALKER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

CHURCH/GROUP \_\_\_\_\_

**My Goal** \_\_\_\_\_

**Cash/Check** (include 'Bill me') \_\_\_\_\_

**Total** \_\_\_\_\_

**Online Total** \_\_\_\_\_

**Grand Total** \_\_\_\_\_

MARK ALL THAT APPLY TO YOU:  ADULT  TEEN  CHILD

*\*Please note that the QR Code is for our online fundraising through a platform called FundEasy. Please be sure to scan the QR Code & register as a walker so your sponsors can search your name and give online under your FundEasy name. If you do not wish to register online through FundEasy, your sponsors may still give online at [lcpartners.org/donate](http://lcpartners.org/donate) (place funds under 'Walk For Life'). For additional sponsor pledge space see back. Please bring completed form to the Walk (or to Life Choices Clinic beforehand if you are unable to attend).*



**Scan QR code for online giving.**  
 Search Walker's name  
**Or visit:**  
[lcpartners.org/donate](http://lcpartners.org/donate)  
 under Walk For Life

**SPONSOR(S) INFORMATION BELOW:** (Checks can be made payable to Life Choices Clinic)

First	Last	Phone		
Address		City	ST	Zip
Email		Pledge Amount: <input type="checkbox"/> \$40 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____		
Payment method: <input type="checkbox"/> Cash <input type="checkbox"/> Check (Payable to Life Choices Clinic) <input type="checkbox"/> Bill me <input type="checkbox"/> Online (Scan QR code above)				
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# WALK FOR LIFE

## Fundraiser

### Waiver & Release Form



WAIVER AND RELEASE OF LIABILITY IN CONSIDERATION OF the risk of injury that exists while participating in the WALK FOR LIFE (hereinafter the “Activity”); and IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same; I HERBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, “Releasor”, “I” or “me”, which terms shall also include Releasor’s parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and I HERBY release and forever discharge LIFE CHOICES CLINIC, located at 1208 Idaho Street, Lewiston, Idaho 83501, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns (collectively “Releasees”), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity. I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE BUT IS NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS’ NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S), NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OR MY PARTICIPATION IN THIS ACTIVITY.

I also acknowledge that by participating in the aforementioned Activity, I consent to my voice, name, and or likeness being used without compensation, in film, photo, images, and tapes for exploitation in any and all media, whether now known or hereafter devised, for eternity, and I release Life Choices Clinic, its successors, assigns, and licensees from any liability whatsoever of any nature. I HERBY release and forever discharge any video, film, photo, and images that may be taken of me at the aforementioned Activity by LIFE CHOICES CLINIC, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors, and assigns for future marketing purposes.

#### MINORS (UNDER 18 YEARS OF AGE)

PRINT MINOR NAME: \_\_\_\_\_

PRINT PARENT OR GUARDIAN NAME: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### ADULTS (18 YEARS OF AGE & OVER)

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Please bring completed form to the Walk at Check-In time*