

KDHSF
JOURNEY FOR HEALTH 2022
 Sunday, August 14, 2022



Pledge Form

Participant Name: _____ Phone: _____

Email: _____

Receipts will be issued for pledges of \$20 or more. Please provide your complete email OR mailing address.

PLEASE PRINT CLEARLY!

CRA No.	Sponsor Name	Complete Mailing or Email Address	Phone Number	Pledge Amount	Pledge Paid
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Totals			\$	\$

WAIVER: In agreeing to participate in the Journey for Health and to fundraise for KDHSF, I hereby for myself, my administrators, my heirs and assigns, waive and release any and all rights and claims for damages against the organizers of this event, their associates and representatives. I also agree to obey all traffic laws, exercise all safety precautions, avoid littering and respect the property of others. Parent or guardian must sign if participant is under 18 years: **Signature of participant, parent or guardian:** _____

CA

CH

DEP