Novack's Walk for Wellspring

DONATE ON-LINE AT:
walkforwellspring.ca

wellspringlondon.ca

Walker: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Email: _____

Team Captain: _____ How many walkers are on your team? _____

Please Make Cheques Payable To:
Wellspring London and Region
Tax Receipts will be issued for pledges of $20.00 or more.
Charitable Registration Number:
85282 3475 RR0001

Contributor	Street Address and City, Postal Code	Phone	Email	Amount Pledged	Amount Collected	Cash or Cheque

For more information, visit www.walkforwellspring.ca or call Wellspring at 519.438.7379

TOTAL COLLECTED:

I acknowledge that my participation in the Novack's Walk for Wellspring event is at my own risk. If in doubt, I will check with my own physician. I hereby release, waive and forever discharge liability for any and all claims against Novack's, Wellspring London and Region and Wellspring London and Region Foundation, and their respective officials and partners, for personal injury, death or property damage resulting from my participation in the walking event on September 10, 2011 on behalf of myself, my heirs, executors and administrators.

Signature _____ Date _____