

KICK BUTT

PLEDGE FORM



WAIVER: In consideration of acceptance of this entry, I hereby, for myself, my executors, administrators and assigns, waive and release The CancerCare Manitoba Foundation, the City of Winnipeg, the Kick Butt committee, their organizers, sponsors, representative, agents and employees and any other parties assisting in this event from any claims for damages from injury to my person or property, however suffered by me as a result of my attendance at or participation in this event, notwithstanding that the same may have been contributed to or occasioned by the negligence of any of the aforementioned.

Name _____ Signature _____

Address _____ City _____ Province _____ Postal Code _____

Evening Phone _____ Daytime Phone _____ School or Company _____

Event Entered _____ 3k/5k _____ Email Address _____

NAME	ADDRESS	CITY/PROVINCE/POSTAL CODE	PLEDGE	PAID

Mail completed pledge forms to: Kick Butt, 225 Yale Avenue, Winnipeg, MB R3M 0L3 Phone: 204.453.2835. **Make cheques payable to:** CancerCare Manitoba Foundation.