

## ***Kick Butt Walk for Colorectal Cancer***

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 \_\_\_\_\_

### **PLEDGE FORM**

NAME	ADDRESS	City/Province/ Postal Code	PLEDGE	PAID

Mail completed pledge forms to: KICK BUTT, 1160-675 McDermott Ave, Winnipeg MB R3E 0V9, (204) 918-6926

Make cheques payable to: CancerCare Manitoba Foundation