

Sponsor Pledge Form

Bring this completed form to the walk. Please call us for additional forms. You may also photocopy this form or download it from our website at LifeChoicesRC@optonline.net.



Walkers Name _____

Walker's Church/School/Organization _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email _____

I am unable to walk, but will make a donation of \$ _____

I am: Adult Teen Child - Have you walked in a WALK for LIFE before? Yes No

Waiver: In consideration of your accepting this entry, I, the undersigned, intend to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I and/or any of my family members may have against the Walk for Life and all other persons associated with this event, its agents, representatives, successors, and assigns for any and all injuries suffered by me in the said event. Further, I hereby grant full permission to any and all the foregoing to use any photographs, videotape, motion pictures, recording and any other record of this event for any legitimate purpose.

Signature of Walker _____ If under 18, parent or guardian signature is required

I (parent) _____ give my child, _____ permission to participate in the LCRC Walk for Life.

Sponsor Name	Church/School	Address	City & State	Zip	Amt. Pledged	Bill Paid	Me

Please Print All Information Clearly—Thank you for helping Families and Their Babies!

Please make checks payable to **Life Choices Resource Center, Inc.** Life Choices is a registered 501 (c) 3 non-profit.
 All donations are tax deductible. Tax ID # 222-672-203/000

Total Pledged \$ _____