Pledge Form - Indianapolis

Family & Pet Walk
Registration at 1:00 ~ Step-off at 2:00
Crown Hill Cemetery - 700 38th St., Indianapolis, IN 46208

I am walking in support of ______ Name of Organization and/or Person

NAME: ______ TEAM NAME (if applicable): ______

PHONE: ______ EMAIL: ______

ADDRESS: ______

LIST SPONSORS BELOW (Please fill-in your information below along with payment choice

Sponsor Name	Cash (X)	Check Number	Online (X)	Amount
My Own Pledge is				

BRING THIS FORM TO THE WALK
OR
MAIL IT IN

WALKING FOR Dreams

All contributions are tax deductible. Make checks payable to your selected non-profit. **TOTAL:** ______

In consideration of the advancement of your purpose, objective and work and in consideration of the Sycamore Foundation and organizing local organizations permitting me to participate in the event, on be-half of myself, my heirs, guardians, executors, administrators of assigned including attorney fees and court costs, (collectively "claims"), I hereby waive and release all rights and claims for damages which I may have against you, as well as any other person connected with Sycamore Foundation, the local organizations, their heirs, executors, administrators, successors and assignees and any and all injuries which may result directly or indirectly from my participation. I further state that I am in proper physical condition to participate in this event. Also, I give permission for the use of my name and/or picture in any publication or other account of this event.

Walker Signature: ______ **Parent/Guardian Signature:** ______
(for walkers under 18 years of age)