

5th Annual Motion Challenge Pledge Form



15 minutes = 1 km

A donor may pledge a \$ amount for each kilometer or donate a flat amount.

Participant Information

Name: _____
 Age: ☐under 12 ☐13-18 ☐19-34 ☐35-64 ☐65+
 Street Address/Box #: _____
 City/Town: _____
 Postal Code: _____
 Home #: _____ Cell #: _____
 Email: _____

Record all pledged money and donations on this form.

Register before you begin collecting pledges.

Three Ways to Register

1. Phone: (705) 746-6996.
2. Email: tgould@risercil.ca or admin@risercil.ca
3. Fax: (705) 746-2323.

Donor Information (Please Print Clearly)	Pledge Amount	Office Use Only
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	

Donor Information (Please Print Clearly)	Pledge Amount	Office Use Only
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
Name: _____ Address/Box #: _____ City/Town: _____ Postal Code: _____ Phone: _____ Email: _____	\$ _____	
INSTRUCTIONS 1. E-transfer all funds pledged or donated to: tgould@risercil.ca 2. When you have completed your Motion Challenge, email your pledge form to: tgould@risercil.ca 3. This form may be photocopied.	Page 1 Subtotal \$ _____	Page 2 Subtotal \$ _____ E-transfer to: tgould@risercil.ca
		TOTAL \$ _____

Participant Waiver and Release of Liability

I, the undersigned, voluntarily agree to participate in the Motion Challenge fundraiser organized by RISE: Resource Centre for Independent Living, which supports individuals with disabilities. I understand that this event may involve physical activities such as walking, running, stretching, or other movement, and that such activities carry inherent risks, including the possibility of injury or illness. I hereby acknowledge and agree to the following terms:

- Assumption of Risk**
Participation is voluntary and may involve certain risks, including but not limited to injury, illness (including communicable diseases), or property damage. I accept full responsibility for such risks and participate of my own accord.
- Release of Liability**
I release and hold the Organization, its staff, volunteers, sponsors, and affiliates harmless from any liability, claims, or damages arising from my participation, including those arising from negligence.
- Medical Condition**
I affirm that I am in good physical health and can participate safely. I accept full responsibility for monitoring my health during the Event and consent to emergency medical treatment if needed.
- Use of Images**
I authorize the Organization to use photos, video, or audio taken during the Event for promotional or fundraising purposes, without the need for additional consent or compensation.
- For Participants Under 18**
A parent or guardian must sign this waiver.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____