

Disabled Children's Fund Dog Walk-a-Thon 2023 Event Sponsorship

Participant Name: _____ Pet's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

Circle choice of Group to walk with: **1st Brisk** **2nd Relaxed** **3rd Short Stroll**
 I am: **an Individual** **a Business** **a Church** **Under 18 yr old: Y N**

Individual Sponsor Name	Address & Contact Info (email/phone)	Cash, Check or Charge(online)	Amount Pledged
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total Sponsor Donations Collected \$			

Payment Information for Business/Church:

___ I/we will mail a check payable to Disabled Children's fund ___ NA: This is an in-kind or prize Donation
 ___ I/we will pay online at achildthrives.org

Waiver: In consideration of the acceptance of my entry. I hereby for my heirs, executors and administrators assume any and all risks which might be associated with the DCF Dog Walk-a-Thon. I waive and release any and all right and claims of any nature for damages which I may have against the organizers and all others connected with this event, their representatives, successors and assign for any and all injuries or damages of any kind whatsoever suffered by me or my dog(s) as a result of taking part in the walk and any related activities. I give my permission for photographs taken at the event in which my image or the image of any of my minor children appears to be used for promotional and/or advertising purposes by DCF without compensation to me or my minor children. I further acknowledge that by my signature, I have read and consent to the DCF Dog Walk-a-Thon Liability Waiver and Rules for Participating Dogs & Dog Owners posted on site.

Signature: _____ Date: _____
 If under 18,
 Parent/Guardian's Signature: _____ Date: _____