

Maiden Rock Apples

Nature Walk/Run for Life

Supports Your American Cancer Society

Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

Company or Organization team name: _____

For more information call: _____

Sponsor Sheet *please make checks out to Nature Walk/Run for Life*

#	Name of Sponsor	Address	Phone	Donation
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Total Donations: _____

Total Amount Received: _____

Waiver: In consideration of being permitted to participate in this event, I hereby, for myself, my heirs and personal representatives, assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the American Cancer Society, it's officers, members, sponsors, organizers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and related activities. I also grant the American Cancer Society permission to use my likeness without further consideration in any and all of its publications and in any and all other media.

Signature: _____