



## Active For Autism Walk 2020

Virtual - #WALKTHEROCK

October 2020

WAIVER

1. I and/or family release ASNL from any liability in the event of injury during my participation in Active for Autism  Y
2. I hereby give permission to give ASNL to post any photos/videos containing my image for promotional purposes  Y  N

Signature: \_\_\_\_\_

**TEAM NAME:**

**Name:**

**Mailing Address:**

**City:**

**Postal Code:**

**Email Address:**

**Phone:**

**Name:**

**Tel:**

**Email:**

**Pledge:**

**Address:**

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**Address:**

THANK YOU FOR YOUR SUPPORT

TOTAL AMOUNT RECEIVED \$ \_\_\_\_\_

**Tax Receipts will be sent via email.**

For tax-receipting purposes, an email address and a complete mailing address are required.  
Make cheques payable to ASNL. Donations \$20 and over will receive a charitable tax receipt.

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