

Participant (Legal) Name: _____
 Nickname: _____ Phone: _____
 Email: _____
 Team/Company Name: _____
 Address: _____
 City/State/Zip: _____



LOUISVILLE **AIDS** WALK
Fleur de Life!

SATURDAY, AUGUST 12, 2017, IROQUOIS PARK

My company will match all or a portion of the money raised

Employer Name: _____ Employer Phone: _____ Employer Email: _____

Checks may be made payable to Louisville AIDS Walk. Donations are tax deductible to the extent allowed by law. Please bring the form, along with your donations, to the Walk/Pet Walk Registration Tent. If you prefer to mail in advance, please send to: Louisville AIDS Walk, 326 East Main Street, Louisville, KY 40202. If you have any questions, please visit: kyAIDS.org/walk or call (502) 938-WALK (9255).

Total Checks/Cash Enclosed	\$ _____
Grand Total Raised	\$ _____

Donor Name	Phone	Email	Company	Is the amount entered on the website?	Donation Amount

Need More Space? Download another pledge sheet from kyAIDS.org/walk.

Waiver and Release: *In consideration for being permitted to participate in the combined Louisville AIDS Walk and Pet Walk (LAW/PW), I hereby for myself, my heirs, executors, administrators, and assigns, waive and release forever any and all claims against the Kentuckiana AIDS Alliance (KAA) and its members, officers, personnel, contractors and volunteers: the LAW/PW; any individual; and the successors, representatives, and assigns of the aforementioned entities and individuals, for any injury I or any minor child of mine, or any animal accompanying me, may suffer in connection with this event. I represent that I have full knowledge of all the risks involved in participating in the combined LAW/PW, including but not limited to the risk of physical injury, economic injury and injury to property, and that I am sufficiently healthy and physically fit and sufficiently trained to participate in this event. Further, I consent to the use by the KAA and LAW/PW of photographs, pictures, slides, sound recordings, movies or videos of me and any minor child of mine in attendance and quotations by me for educational and promotional purposes. Further, I certify that any animal accompanying me will be leashed and restrained as required by law and supervised at all times, has had all shots required by law, and is licensed as may be required by law. I agree to assume all liability for, and hold harmless all of the aforementioned entities and individuals for any injury to person or property caused by such animal. By submitting this form without signature of a parent or guardian, I certify that I am 18 years of age or older.*

FOR AIDS WALK STAFF USE ONLY

	Staff	Money Room
Cash:	_____	_____
Checks:	_____	_____
Online Amt:	_____	_____
Matching Gifts	_____	_____
Total	_____	_____

Signature: _____

Signature of Parent/Guardian (If Under 18): _____

Name of Parent (Printed): _____

OPTIONAL

If you donated more than \$75 please provide your t-shirt size

- Small Medium Large
 X-Large XX-Large