

SATURDAY OCTOBER 02, 2010

PROVINCIAL AUTISM AWARENESS DAY

WALKATHON



**Autism Society Manitoba
825 Sherbrook Street
204-783-9563
1-888-444-9563
204-223-9985
info@autismmanitoba.com**

Please join us for our Fourth Annual Autism Awareness Day Walkathon, Saturday October 2nd, 2010. Bring your family, extended family, friends and neighbours and join us in this important event. All the information you need is attached but if you have any questions, please feel free to ask.

Dear Family and Friends

October is Autism Awareness Month in Canada.

In celebration of this, we have organized a family friendly walkathon at Kildonan Park on Saturday October 2nd, 2010.

Pledge forms, waivers and information documents are attached.

There is no particular distance that you must walk, just come out, meet some old friends and make some new friends. Walk in support of Autism!

After the walk, please join us for a hot dog lunch, snacks and refreshments. Please feel free to bring your own picnic lunch if you wish. Captain Richard will be there to entertain young and old with his bubbles and magic show.

All participants will receive a certificate of participation and a Tshirt (while supplies last) or an awareness keepsake.

Let's make the best of this event; it won't be long until we think twice about a leisurely walk with

"Old man winter" just around the corner!



It's time for Autism Society Manitoba's 4th Annual Autism Awareness Day Walkathon!

Saturday October 2nd^h 11:00-1:00pm
KILDONAN PARK, NORTH SHELTER AREA

First Name: _____ Last Name: _____

Dear Sponsor:

I am participating in the Autism Society Manitoba Autism Awareness Day Walk-A-Thon. All proceeds will help fund Autism Society Manitoba and its supports and services throughout the province.. You can sponsor me for any amount that you are willing to contribute. After the walk-a-thon, I will return to tell you how far I walked and show you my certificate of participation. Please make cheques payable to **Autism Society Manitoba**. Contributions 20 dollars and over will be issued a charitable donation receipt if requested on the form. Please ensure all the info is filled out if you require a receipt.

Thank you!

	Name of Sponsor	Mailing Address including Postal Code	Amount of Pledge	Receipt required Y or N
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TOTAL THIS PAGE

Participants:

This is a leisurely family walk. There is no particular distance that you must walk, just stroll through the park in designated areas and enjoy the fall colours. Feel free to bring your strollers and wagons.

The walk is open to family, friends, co-workers etc.

All participants will receive a token of appreciation and participation as well as a certificate to acknowledge their family's participation.

Please have your pledge sheet completed and collect any donations before the walk a thon.

Refreshments will be available before and after the walk. Fruit, muffins, juice, hot chocolate and water will be available. Please feel free to bring a picnic lunch if you wish.

Remember to dress for the weather.

Waiver forms must be completed and accompany the pledge form at registration.

Forms will be available onsite if you do not have access to a printer.

Persons under the age of 18 must be accompanied by an adult and be named on the waiver.

Registration will begin at 10:30am on Saturday October 2nd at Kildonan Park; look for our banner at one of the north side picnic shelters.

In order to properly plan for the walkathon, we would appreciate you notifying us if your family will be participating. We want to make sure we have plenty of refreshments on hand. Just send us an email or call the office and leave a message at 783-9563

Let's get walking and raise awareness in celebration of Provincial Autism Awareness Day!

Please call or email if you have any questions.

info@autismmanitoba.com or call 783-9563

RELEASE AND WAIVER OF LIABILITY, AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way in the Autism Society Manitoba Walkathon, I for myself, my personal representatives, assigns, heirs and next of kin:

ACKNOWLEDGE, agree and represent that I understand that:

- The nature of the Walkathon and that I am in good health and in proper physical condition to participate in such activity. I further agree that if at any time I believe the conditions to be unsafe I will immediately discontinue further participation in the activity.
- Autism Society Manitoba may use my name and likeness for any and all promotional purposes without further compensation or permission.

I FULLY UNDERSTAND that the Walkathon may involve risks and dangers of serious injury, including permanent disability, paralysis and death ("risks"); these risks and dangers may be caused by my own actions or inactions, the actions or inactions of other participants, the condition in which the Walkathon takes place, or the negligence of the Releasees named below; there may be other risks and social and economic losses; and I fully accept and assume all such risks and responsibility for losses, costs and damages I incur as a result of my participation or that of the minor in the Walkathon.

I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE Autism Society Manitoba, other participants, any sponsors, advertisers nor their respective administrators, directors, agents, owners, officers, volunteers, and employees, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused for any reason whatsoever, including without limitation, in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any and all of them may incur as the result of such claim.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THE AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PARTICIPANT:

Name (please print)

Address (please print)

Signature (if over the age of 18)

Date Signed

PARTICIPANT:

Name (please print)

Address (please print)

Signature (if over the age of 18)

Date Signed

PARENT OR GUARDIAN (required where Participant is under the age of 18):

I am the minor's parent and/or legal guardian and understand the nature of the activities and the minor's experience and capabilities and believe the minor to be qualified, in good health and in proper physical condition to participate in such Promotional Activity. I hereby release, discharge, covenant not to sue and agree to indemnify, save and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused for any reason whatsoever, including without limitation, in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, the minor, or anyone on the minor's behalf makes a claim against any of the Releasees named above. I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any and all of them may incur as the result of any such claim

Parent or Guardian's Name (please print)

Address (please print)

Signature

Date Signed