

WALKATHON

SATURDAY October 13, 2012

OUR 6TH Annual Autism Awareness

Walkathon

Please join us for our 6th Annual Autism Awareness Walkathon, Saturday October 13, 2012 at Kildonan Park, North Shelters Bring your family, extended family, friends and neighbours.

Join us in this important event. All the information you need is attached but if you have any questions, please feel free to ask.

In celebration of our 6th Annual Walk - as always, we have some special fun planned.



OCTOBER IS AUTISM AWARENESS MONTH IN MANITOBA

Registration begins at

11:00 am

Walk begins at

12:00 pm

Entertainment

1:00 pm

Autism Society Manitoba

825 Sherbrook Street

204-783-9563

204-223-9985

info@autismmanitoba.com

www.autismmanitoba.com

Dear ASM Members, Family and Friends,

In conjunction with Canadian Autism Awareness Month in October, we are pleased to announce walkathon this year. Yes, the walkathon is a little later this year but Thanksgiving is a time for families and other plans.



In recognition of this, we have organized our 6th Annual family friendly walkathon at Kildonan Park on Saturday October 13, 2012.

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!

Refreshments will be available before and after the walk, please feel free to bring a picnic lunch if you wish.

All participants will receive a certificate of participation and a token of appreciation. There are chances for some great prizes.

Let's make the most of this event; it won't be long until we think twice about a leisurely walk with "Old man winter" just around the corner!

For more information, please read the attached material and feel free to call or email us with your questions.

If possible, please do not bring cash, please write one cheque to cover the cash you have collected.



6th Annual Autism Awareness Day Walkathon

Saturday October 13th, 11:00am - 2:00pm

KILDONAN PARK, NORTH SHELTERS

First Name: _____ Last Name: _____

Dear Friends,

I am participating in the Autism Society Manitoba Autism Awareness Walk-A-Thon. All proceeds will help fund Autism Society Manitoba and its supports and services. You can sponsor me for any amount that you are willing to contribute. Please make cheques payable to **Autism Society Manitoba**. Thank you!

	Name of Supporter		Amount of Pledge
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15		TOTAL PAGE ONE	

	Name of Supporter		Amount of Pledge
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33		Total page one and two	

Please register your family/team at info@autismmanitoba.com

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

The walk is open to family, friends, co-workers etc. Classroom and family teams are welcome, come out and show your support!

A photographer will be on hand to take group and family pictures. These will be emailed to you after the walk.

All participants will receive a token of appreciation and participation as well as a certificate

Please have your pledge sheet completed and collect any pledges before the walk a thon. In order to ensure a speedy registration process, please total your pledge sheets. **We would greatly appreciate it if you wrote a cheque for the cash that you have received so we do not have a large amount of paper money and coin to count and roll.**

Refreshments will be available before and after the walk. Please feel free to bring a picnic lunch if you wish. Entertainment for kids of all ages, young and old will start after the walk.

Remember to dress for the weather. Rain or Shine, we will still have our walk.

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 11:00 am on Saturday October 13th at Kildonan Park, North Shelters; look for our banner on site.

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 us at info@autismmanitoba.com or call the office at 204-783-9563 and leave us a message.

Let's get walking and raise awareness in celebration of

[AUTISM AWARENESS MONTH IN MANITOBA AND CANADA](#)

Please feel free to call or email if you have any questions.

Please register your family/team at info@autismmanitoba.com

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.
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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