

2022 GUTSY WALK PLEDGE FORM

PARTICIPANT INFORMATION Please Complete the FormPreferred Language: | English | French

First Name Last Name Email Preferred Tel #

Address Apt.# City Province Postal Code

T-shirt Size: | Youth M | S | M | L | XL | 2XL | 3XLI would like to waive **all** my prizes so more funds can go towards research and patient programs. | Yes | NoI would like to waive my Gutsy Walk t-shirt | Yes | No I would like to waive my gift card prize | Yes | NoHow do you plan to participate in Gutsy Walk? | In person | Virtually | I don't know yet**TEAM INFORMATION**I am participating as part of a: | Family Team | Company Team | School Team

Team Name Team Captain Company Name/School Name

General Information

Age Range: | 13 and Under | 14-25 | 26-49 | 50+ Gender: | Male | Female | Non-binaryDo you know someone living with Crohn's disease or ulcerative colitis? | No | Myself | Family Member | OtherAre you a returning Gutsy Walk participant? | Yes | No**MY FUNDRAISING GOAL IS \$** _____ **WALK LOCATION (Required)** _____**IMPORTANT DONOR INFORMATION:**

- Please remember to print clearly.
- Tax receipts will be issued for donations of \$15 or more.
- Do not record online pledges on the printable donation forms.
- Tax receipts will only be issued if your address is completed in full and legible.
- If the donor provides an email address along with your physical address, you will receive your tax receipt by email rather than mail.
- All cheques must be made payable to Crohn's and Colitis Canada.

I would like to pay the unpaid balance of my donors' pledges in full by credit card.

**Crohn's and Colitis Canada**2110-439 University Avenue
Toronto, ON M5G 1Y8
416 920-5035
or toll free: 1 800 387-1479

Credit Card Number Expiry MM/YY Balance Paid \$

PARTICIPANT TO COMPLETE

Page Total \$ # of Pages Total of All Paid Pledges \$

FOR OFFICE USE ONLY

Total Cash \$ Total Cheque Total Credit Card Grand Total \$

Waiver/Release: In consideration for participation in the 2022 Gutsy Walk ("Walk"), I waive and release any and all claims that I and/or my heirs, executors, administrators, agents, insurers, assigns and other legal representatives have or may have against Crohn's and Colitis Canada and its administrators, trustees, officers, directors, agents, employees, volunteers, successors, affiliates, sponsors and other legal representatives, both present and future for any accident, injury, illness, death or other claim, in law or equity, which may result, directly or indirectly, from my participation in the Walk. I permit the use of my name, amount raised, picture and video to be used in any and all forms and types of publicity produced in connection with the Walk or Crohn's and Colitis Canada including, but not limited to, the purposes of marketing, promoting or otherwise reporting relating to the Walk or Crohn's and Colitis Canada. I am physically fit to participate in the Walk. I have read, understand and agree with the content of this waiver/release prior to participating in the Walk. If participant is under the age of majority, I confirm I am the parent/guardian of participant and sign this waiver/release on his or her behalf.

Please indicate your email preferences:

- | I would like to receive 'Talk About Guts' (e-newsletter) and occasional email updates from Crohn's and Colitis Canada.
- | I do not wish to receive Gutsy Walk email communication.

Signature of Participant or Guardian (if under age of majority): _____ Date: _____

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Address	Apt.#	City	Province	Postal Code
Credit Card Number	Expiry MM/YY	Amount \$		
<input type="radio"/> Cash	<input type="radio"/> Cheque	<input type="radio"/> Credit card	Consent to Receive Emails	<input type="radio"/> Yes <input type="radio"/> No

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