Sponsor Sheet

***Prizes for participants with Top 3 amounts of sponsors**

Runner's Name: _____ Gender: **M / F** Date of Birth: _____ Phone: _____
Address: _____ City: _____ Postal Code: _____

Choice of Event (circle one): **5 km walk** **5 km run** **10 km run** **Kids 1km run**

* Amounts over $10.00 are eligible for charitable receipt*

First & Last Name	Address	City	Postal Code	Pledged Amount	Check if Receipt Needed *

Release / Waiver:

I, _____ hereby release Centre Agapè Center, its agents and or employees from any and all actions, claims, demands for damages, loss or injury howsoever arising which may be sustained by me as a result of participating in the 5 & 10 km Cross Country Run/Walk for Centre Agape Center. By submitting this entry and signing the below, I acknowledge having read, understood and agree to the above release waiver. I warrant that I am physically fit to participate in this event.

Date: _____ Signature: _____ If under 18, Signature of guardian: _____

Race Day Info: Bib #_____