Indiana AIDS Walk 2011
Pledge Form

Call the **Indiana AIDS Fund** at 317.630.1805
if you have any questions.

Team #: _____

Team Name: _____

Team Captain: _____

Participant Name _____ Address _____

City _____ State _____ Zip _____

Phone Number: _____ Email Address _____

Does your employer offer matching gifts? ____ Yes ____ No If so, how can we contact them?
Company Name & Contact Person _____ Phone _____Fax_____
Address _____ City _____ State _____ Zip _____

Make checks payable to Indiana AIDS Fund. Credit Cards – Visa/MasterCard/Discover (on separate form)

Pledge Name	E-mail Address	Cash	Check	C.C.	Online
Total Collected					

Release and Waiver Statement (must be signed by participant):
I have read the accompanying event information and understand the policies of the event. I know that running, walking and bicycling a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the walk or ride. I also know that while police protection will be provided, there may be traffic on the course. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the effects of the weather, including extreme temperatures, my ability to safely complete the walk or ride, traffic and all conditions of the road, all such risks being known and appreciated by me. Knowing these facts, and in consideration of the acceptance of my entry, I for myself, my heirs and executors, administrators or anyone else who might claim on my behalf, WIAVE, RELEASE AND DISCHARGE the Indiana AIDS Fund, The Health Foundation of Greater Indianapolis, Inc., Indiana War Memorial, University Park, and the Consolidated City of Indianapolis, their officers, directors, affiliates, successors, assigns, agents, employees and/or representatives, and all race officials, workers, volunteers, and /or sponsors ("Released Parties") for ANY AND ALL claims, causes of action, or liabilities, whether foreseen or unforeseen, for death, personal injury or property damage arising out of it, or in the course of my participation in this event. I specifically release the Released Parties for any loss, damage or injury to myself and my property arising from the negligence in any form of the Released Parties. In signing this release, I FULLY RECOGNIZE THAT IF I AM HURT AND/OR PROPERTY IS DAMAGED WHILE PARTICIPATING IN THIS EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST THE RELEASED PARTIES, EVEN IF THEY OR ANY OF THEM CAUSED MY INJURY OR DAMAGE. I further agree to INDEMNIFY AND HOLD HARMLESS the Released Parties for all lawsuits, claims, damages, costs and attorneys' fees which arise out of my participation in this event. This provision will apply regardless of whether or not the lawsuits, claims, damages, costs and/or attorneys' fees arise out of negligence of any of the Released Parties. I further grant full permission to the above-mentioned sponsor(s), organizers and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or other record of the event for any reasonable purpose**. I HAVE READ AND UNDERSTAND THIS STATEMENT AND I AM VOLUNTARILY SIGNING THIS STATEMENT.**

Signature _____