

Cold Spring Breast Cancer Walk



BREASTCANCER.ORG

Name: _____

Number of Laps Completed: _____

Dear Potential Sponsor,

I am participating as part of a team in the Cold Spring Breast Cancer Walk on Sunday October 21. Proceeds will help BreastCancer.org. You can sponsor me for an amount per lap or you can name a maximum amount that you are willing to contribute. After the walk, I will return to tell you how many laps I walked and how the team did overall and collect your contribution. Please make checks payable to BreastCancer.org. All contributions are tax-deductible to the extent allowed by law.

I plan to walk at least _____ laps for our team. Our team name is: _____

	Name of Sponsor	Sponsors email address	Pledge per Lap (Example: \$1.00)	Maximum Pledge	Amount Collected from Sponsor	Business Matching Pledge Amount
1						
2						
3						
4						
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25						

Teams:

To reach our goal, we hope that each team member finds at least 10 sponsors and has over \$5 per lap pledged. Please download extra pledge sheets from the CSBCWalk website if needed - You can have as many pledges as you are able to find. **The more the better!!** Please bring this form with you on Sunday October 21

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1. Teams may start collecting pledges immediately.
2. **Team Pledge sheets should be brought on Sunday October 21 to the Registration Desk which will be on the Turf Field at Haldane High School.**
3. **Please ask everyone who pledges if their company has a matching gift fund policy.**
4. Each sponsor making a pledge should write their own name, pledge per lap, and maximum pledge. Teams may collect the pledge in advance but must keep pledges until all are collected.
5. Please make checks payable to BreastCancer.org. You can also pledge directly at [BreastCancer.org](http://support.breastcancer.org/goto/CSBCWalk) on the Cold Spring Breast Cancer Walk page: <http://support.breastcancer.org/goto/CSBCWalk>
6. Email addresses are requested so that the organizers can send tax receipts if payment is via check
7. Each Walker will be issued a "lap tag," which will be marked each time the walker reaches the starting point, thereby keeping track of the number of laps completed.
8. Upon completion of their walk, Teams members will hand in their lap tags. A volunteer will record each members lap total on their pledge sheet and return it. Teams may then collect outstanding pledges
9. After the walk, pledges can be also paid directly to BreastCancer.org using the Cold Spring Breast Cancer Walk page: <http://support.breastcancer.org/goto/CSBCWalk>. Please mark the "Amount collected form Sponsor" on the pledge sheet as "Direct"
10. **Team Captains should return all team pledge sheets in one package with checks made payable to BreastCancer.org by Monday November 5 to: Ashley Haines, PO Box 320, Cold Spring, NY 10516.**
11. No running or jogging will be allowed. Participants are encouraged to wear hats and sunscreen if it's sunny or bring rain gear if it's rainy. We walk rain or shine - it will be a great day!

We look forward to all our Teams having a great time!

***Please note that all walkers will be asked to sign the following [PRIVACY NOTICE, CONSENT AND RELEASE OF LIABILITY](#) on the day of the Walk**

"I UNDERSTAND THAT MY (OR MY MINOR CHILD(EN)) ATTENDANCE/PARTICIPATION IN THE COLD SPRING BREAST CANCER WALK - 2018 MAY INVOLVE ACTIVITIES THAT COULD BE HAZARDOUS, INCLUDING WALKING OR RUNNING, AND I KNOWINGLY ASSUME ANY AND ALL SUCH RISKS. TO THE EXTENT I AM REGISTERING A MINOR CHILD UNDER THIRTEEN (13) YEARS OF AGE, I AM THE PARENT OR LEGAL GUARDIAN OF SUCH MINOR CHILD, AND DO HEREBY CONSENT TO THE COLLECTION OF SUCH MINOR CHILD(EN) PERSONAL INFORMATION BY THE ORGANIZERS. IN CONSIDERATION OF MY (OR MY MINOR CHILD(EN)) ATTENDANCE/PARTICIPATION IN THE COLD SPRING BREAST CANCER WALK - 2018 I FOR MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE COLD SPRING BREAST CANCER WALK - 2018, ITS OFFICERS, SPONSORS, ORGANIZERS, LICENSEES, OR VOLUNTEERS, AND THE HALDANE SCHOOL AS THE EVENT-SITE OWNER OR ITS RESPECTIVE OFFICERS, EMPLOYEES OR OTHER LEGAL REPRESENTATIVES OR AGENTS, FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND, WHICH I (OR MY MINOR CHILD) MAY SUFFER AS A RESULT OF; MY AND/OR MY MINOR CHILD(EN) ATTENDANCE OR PARTICIPATION IN THE COLD SPRING BREAST CANCER WALK - 2018 EVENTS AND/OR ACTIVITIES, INCLUDING BUT NOT LIMITED TO INJURY, HARM AND/OR LOSS CAUSED BY THE NEGLIGENCE, FAULT OR MISCONDUCT OF ANY KIND ON THE PART OF COLD SPRING BREAST CANCER WALK - 2018 OR THE EVENT-SITE OWNER; ANY FIRST AID GIVEN AT EVENT; OR ANY PUBLICATION OF MY AND/OR MY MINOR CHILD(EN) LIKENESS, INCLUDING, WITHOUT LIMITATION, CLAIMS FOR LIBEL OR INVASION OF PRIVACY.

"I AGREE THAT COLD SPRING BREAST CANCER WALK - 2018 AND ITS OFFICERS, SPONSORS, ORGANIZERS, LICENSEES, OR VOLUNTEERS, AND THE HALDANE SCHOOL MAY USE ANY AND ALL PHOTOGRAPHIC IMAGES AND VIDEO OR AUDIO RECORDINGS MADE DURING THE EVENT, INCLUDING THOSE INCLUDING MYSELF AND/OR MY MINOR CHILD.

"I UNDERSTAND THAT COLD SPRING BREAST CANCER WALK - 2018 IS SOLELY A GROUP OF INTERESTED BREAST CANCER SUPPORTERS, IS NOT A PROFESSIONAL ORGANIZATION, IS IN NO WAY AFFILIATED WITH BREASTCANCER.ORG EXCEPT THAT IT IS TRYING TO RAISE FUNDS FOR BREASTCANCER.ORG IN SUPPORT OF BREASTCANCER.ORG'S STATED GOALS AND OBJECTIVES AND THAT COLD SPRING BREAST CANCER WALK - 2018 MAY USE THE INFORMATION I PROVIDE ON THIS FORM FOR FUNDRAISING PURPOSES.