



# Pledge Form

**Saturday, July 12**

Starting line: Frontier Park (660 N. 9<sup>th</sup> Pl. in Show Low)

Finish line: Show Low City Park

Registration begins 8 AM, Walk begins at 9 AM

Raise the most money in your age category to win a prize!

Questions? Call (928) 599-1986 or email [info@newhopepc.org](mailto:info@newhopepc.org)

Walker's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Age Category:  Adult (age 18+)  Teen (age 13-17)  Child (12 and under)

**To participate in the Walk for Life, you must read and agree to the following release:**

*I waive all claims for myself and my heirs against New Hope Pregnancy Resource Centers (NHPRC) for any injury or illness which may result directly or indirectly from my participation. I further state that I am in the proper physical condition to participate in this event. In addition, I give NHPRC permission to use photographs of me taken at the Walk for Life for promotional use.*

Signature (Or Parent's Signature if you are a minor): \_\_\_\_\_ Date: \_\_\_\_\_

| Please Print Clearly |   |       |       |        | Check if: |       |
|----------------------|---|-------|-------|--------|-----------|-------|
| NAME                 | MAILING ADDRESS<br>(if tax receipt requested) | PHONE | EMAIL | AMOUNT | Cash      | Check |
|                      |   |       |       | \$     |           |       |
|                      |   |       |       | \$     |           |       |
|                      |   |       |       | \$     |           |       |

