



# WALK FOR THE BU

## Pledge Form

Donor Name (First and Last)	Email	Mailing Address	Pledge Amount	Payment Method (Cash/Cheque/ Online)	Donor Signature	Date	Receive Newsletter

**WALK FOR THE BU RELEASE AND INDEMNIFICATION:**  
The Walk for the Bu involves walking — an activity which may include risks such as, but not limited to, falls, interaction with other participants, the presence of canines and other animals, effects of weather, traffic and difficult road conditions, etc. In consideration of being allowed to participate in this event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in Walk for the Bu or any related activities. I agree, for my self, my heirs, executors and administrators, to not sue and to release, indemnify and to hold harmless Korle-Bu Neuroscience Foundation and its affiliates, officers, directors, volunteers, employees, and all sponsoring businesses and organizations and their agents and employees from any and all liability, claims, demands and causes of action whatsoever, arising out of my participation in this event. I have read, understand and agree to the terms of this Agreement.

### PARTICIPANT SIGNATURE

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**TAX RECEIPT POLICY:** Tax receipts will be issued for personal donations over \$25.00.

**CANADIAN DONATIONS:** May be made by cash, cheque, or credit card via [kbnf.org/walk](http://kbnf.org/walk) to the Korle-bu Foundation.

**U.S. DONATIONS:** Must be made by credit card via [kbnf.org](http://kbnf.org). Tax receipts will be issued by the Institute of Global Perioperative Care.

**PLEASE MAIL YOUR DONATIONS TO:** Korle-Bu Foundation  
9131 207B St., Langley, BC V1M 2P5

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