



The "6th" Annual Andrew Dunn Walk & 5 K / 10 K Fun Run

SATURDAY, MAY 12th, 2012

OAKBANK ARENA

Money must be in by May 12th, 2012

Working in partnership with Mood Disorders Association of Manitoba

Charity # 15192



Participant's Name _____

Address _____

City _____ Prov. _____ Postal Code _____

Phone _____ email _____

Step 1 - Collect Donations

Step 2 - Registration starts at 9:00 a.m. Warm-ups at 10:30 a.m.

Step 3 - Walk/Run starts @ 11:00 a.m. rain, shine or snow

Step 4 - After event - Free BBQ & Massages, Prizes, Silent Auction, Entertainment

5 & 10 K - SPONSORED BY:



Name (please print clearly)	Address (including postal code)	Phone Number	Pledge Amount	Amount Collected	Tax Receipt	Method of Payment Cash/Cheque/Visa/MC
						<input type="checkbox"/> cash <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Expiry Date _____ <input type="checkbox"/> cheque card #
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						<input type="checkbox"/> cash <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Expiry Date _____ <input type="checkbox"/> cheque card #
Please make cheques payable to: Andrew Dunn Memorial Fund			TOTAL			

Name (please print clearly)	Address (including postal code)	Phone Number	Pledge Amount	Amount Collected	Tax Receipt	Method of Payment Cash/Cheque/Visa/MC
						<input type="checkbox"/> cash <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Expiry Date _____ <input type="checkbox"/> cheque card #
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TOTAL						

FOR MORE INFORMATION: Call Judy @ Mood Disorders 444-5228
email: jd4mdam@gmail.com or Brenda: 444-5771 email: balinski@mts.net

HOW YOUR DONATION DOLLARS ARE PUT TO WORK:

- * individual & family support groups
- * Public education and awareness
- * Research &/or alternative treatment

Waiver and Release

I, the undersigned, my heirs and/or administrators hereby waive, release and forever discharge the Andrew Dunn Organization, committee members, the Mood Disorders Association of MB, its Directors, Officers, agents, employees and volunteers or anyone associated with either organization, of and from all manner of actions, causes, suits, debts, claims and demands whatsoever in connection with The Andrew Dunn Walk Run and the Mood Disorders Association of MB.

I assume full responsibility for any injury, accident, damage or harm arising as a result of my participation, in all Andrew Dunn Organization and Mood Disorders events, activities and programs. I am over the age of eighteen (18), legally competent to sign this waiver, and agree that the terms herein are contractual. I have read this waiver before voluntarily signing it.

Further, I release the rights to any photos or video of me taken at the event for educational or promotional use.

Signature of Participant

Date (dd/mm/yy)

Signature of Parent or Guardian (under 18)

email address