Making a Difference for St. Jude Participant Information

TOTAL UNITS VERIFIED BY_____

miles, kilometers, laps, hours, periods, etc.

*A unit is a measurement which will vary for different types of events:

(Official's Initials)

Participant Information Name (Please print) Address City, State, ZIP Phone					The undersigned individual for himself/herself and his/her children or ward(s) (collectively and individually referred to as the "Undersigned"), in consideration of allowing the Undersigned to participate in the Making a Difference for St. Jude activity that may include participate in though Internet based, online activities (neterred to as the "Event") for the benefit of St. Jude Children's Research Hospital, Inc. ("St. Jude"), the Undersigned hereby consent(s) to the participation in the Event and voluntarily agree(s) not to sue, to forever release, to hold harmless, indemnify and defend St. Jude, American Lebanese Syrian Associated Charities, Inc. ("ALSAC"), the Municipalities, Counties, or other local governments in or through which the Event may take place or is conducted, and any other person, entity or sponsor connected with the Event, their respective directors, agents, employees (collectively the "Refeased Parties"), from all claims, actions and liabilities of any type (including, but not limited to, damages for personal injury or death) that the Undersigned, at any time, may have that in any way arise out of the Event, including any negligent act or failure to act by the Released Parties. The Undersigned represents that he/she is physically fit, has engaged in the appropriate training and has the physical skills to participate in the Event. The Undersigned ecknowledges and agrees that by participating in the Event three is a possibility of accidental or other physical injury, death, damage or loss. The Undersigned may suffer as a result of participating in the Event. ALSAC and St. Jude do not sell, rent or loan any personally identifiable information to anyone not acting on their behalf. If any provision of this Agreement is found invalid by a court of competent jurisdiction, the remaining provisions shall not be affected and shall be enforced. IMPORTANT: ENTRANTS UNDER AGE 18 CANNOT SIGN THIS FORM; ONLY THEIR PARENT OR GUARDIAN																			
													Participants turning in \$35 Participants turning in \$75 or	or more receive a	St. Jude T-shirt. Please check yo St. Jude backpack and a St. Jude	ursiza.		HEIR BEHALF.	ANNO! SIGI	V IRIS FO	HM, ONLY	INEIN FAI	IENI ON C	IGANDIAN
													O Adult T-shirt		OM OL OXL		PARTICIPANT S	IGNATURE				DATE		
													Child T-shirt		O 10-12 O 14-16).		DIAN SIGNATURE				DATE		
													convenience of the participal St. Jude participates in Corp.	nt, we request that orate Matching Cour company. Cor	pital by pledging 25¢, 50¢ or not you do not give cash. Please Bift programs and would appred applete all the employee informations.	make your t	ax-deduct lp in obta	ible check payable ining matching gif	to St. J Its for you ollars. W	ude Cl our doi e appr	nildren nations eciate	's Resea . Please your he	arch Ho e obtain elp.	ospital. 1 a
	or our me-saving			— т				C Total	+ D +	- E =														
Sponsor's Name (Please Print)	Street	Sponsor's Address City	State	ZIP	Phone	Amount Pledged per Unit*	Units*	Pledge	Flat Donation		Donation													
						 																		
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Total Pledges Per Unit \$	x Total Number of	Units = Total Pledges \$	+ Dor	ations \$	+ Matching	Gifts \$		= G	irand Tot	al \$														

CONSENT TO PARTICIPATION AND WAIVER, RELEASE AND

GRAND TOTAL (

COLLECTED FOR ST. JUDE

INDEMNITY AGREEMENT

LIST ADDITIONAL SPONSORS ON A SEPARATE SHEET OF PAPER