HMAS Paws On Parade 2011, May 21st @ 9:00am

Age Division:_____16 & under_____17 & over

Team or

Individual's Name_____Address_____

City/State/ZIP_____Phone_____

All contributions must be received by walk day to qualify for prizes. Please hand in your TOTALED pledge form at the registration desk. Additional pledges may be listed on a separate sheet staple to this pledge form. Make checks payable to the Heart of Minnesota Animal Shelter. All donations are tax deductible.

Sponsor Name	St. Address, City/State/Zip	Total Pledge

Total: _____

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me to participate in your walk, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I might have against you, the municipalities through which the walk will take place, as well as any other person connected with the walk, their heirs, executors, administrators, successors and assigns for nay and all injuries which I may suffer while taking place in the walk or as a result thereof.

Signed_____

Signature of walker, or walker's guardian if under 18

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