

WALKER INFORMATION

Registration forms can be mailed in or brought to the event.

SPONSOR PLEDGE FORM

Name _____

Address _____

City, State, Zip _____

Phone _____

Are you an () Adult? () Teen (12-18)? Or () Child?



Please make checks payable to The Amanda McPherson Foundation. Donations are tax deductible. ID 20-0555625

Registration can be mailed to: 2775 Tapo Street, Suite 102 • Simi Valley, CA 93063

Thank You
for your donation and support!

	Sponsor Name	Address	City, Zip Code	Phone	Amount Pledged	Collected
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Waiver: (Must be filled out by participant or guardian if participant is under age 18) I hereby waive & release any & all claims for injuries and damages for myself & all listed dependents against The Amanda McPherson Foundation (TAMF), and all other persons/organizations associated with this event, its agents, representatives, successors, & assigns. Further, I hereby grant full permission for organizers to use any photographs of myself & all listed dependents, &/or quotations of myself & all listed dependents, & any other record of this event for legitimate purpose. TAMF is not responsible for any items lost or stolen at any time before, during or after the event. I understand that I am fully responsible for all listed dependents for the duration of the event & must accompany them at all times.

Participant - Signature _____ Date _____

Parent/Guardian - Signature _____ Date _____

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GRAND TOTAL
