

Hope for Olivia



**PLEASE SPONSOR ME! My goal is \$ _____
I'm raising money to help find a cure for ataxia-telangiectasia!**

Name _____ Age _____

Address _____

City, Prov, PC _____

Phone _____ Email _____

WAIVER: In consideration of being permitted to participate in this event, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge, and covenant not to sue the A-T Children's Project, its officers, employees, sponsors, organizers, volunteers, or other representatives, or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and/or any related activities. I also agree to the use of any photo, film, or videotape of the event for any purpose.

Signature _____
(Parent's signature if participant is under 18)

Make cheques payable to the A-T Children's Project

Please put your sponsor form and collected donations in an **envelope** with your name and total collected on the front of the envelope.

| Name | Street Address or PO Box | City | Prov/POSTAL CODE | Cash | Cheque |
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| TOTAL THIS PAGE | | | | \$ | \$ |

DONOR TAX RECEIPTS: Fill out the form **COMPLETELY & LEGIBLY** in the name of the **ADULT** to receive a receipt for a cash gift, and gifts paid by check will receive receipts. The A-T Children's Project issues a tax receipt for donations of \$20 or more or as requested.