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***Braveheart Walk for CHD Awareness***

with participation from 

and support from 

Saturday, October 22nd, 2011 at 10:00 am

Point Pleasant Park, Halifax (lower parking lot)

First Name: Last Name:

Dear Potential Sponsor:

I am participating in the Braveheart Walk for CHD Awareness. The Braveheart Support Society seeks to support individuals and their families affected by congenital heart disease through services such as monthly parent meetings, ongoing peer to peer support and other family events throughout the year. They also endeavor to raise public awareness though information booths, information sessions, CHD brochures and CHD presentations.

Proceeds raised from this walkathon will fund their education and support programs. You can sponsor me for any amount and cheques can be made payable to “Braveheart Support Society”. Thank you!

| Name of Sponsor | Phone | Pledge Amount ($) | Cash or Chq. |
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Participants: 

* Online registration and pledge options are available thanks to the wonderful support from the 
* The walk route is 5km long.
* You may register online as an individual or as a team. A minimum pledge amount of $20.00 is requested, which will include a t-shirt. For teams, there is a minimum $20.00 pledge per member (and t-shirt per member included). Additional t-shirts may be purchased for $20.00. *\*\*The $20.00 min pledge amount needs to be entered in the online registration fee field.\*\**
* If you prefer to use the paper format, then please bring this form and all funds raised with you on the day of the Braveheart Walk for CHD Awareness, Saturday, October 22nd, 2011 at Point Pleasant Park (lower parking lot), Halifax at 10:00am.

**Prizes will be awarded to the participant & team raising the 1st, 2nd & 3rd highest amounts of funds.**

Note: Participant must participate in the walkathon in order to win a prize.

If you have any questions, please visit our website at [www.braveheartsupport.ca](http://www.braveheartsupport.ca). You can also contact Yarrow Gillis, by email at yarrow@braveheartsupport.ca or phone (902)478-8574.

**Waiver Must Be Signed By Walker (read carefully)**

In signing this release I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless the Braveheart Support Society, it’s directors, and any other parties connected with this event in any way, singly, or collectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation in the Braveheart Walk for CHD Awareness, or any activities associated therewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and photo in connection with this event.

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Dated: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**