



Saturday September 24th

Name _____
Address _____

ALL MONEY RAISED WILL GO TO
THE SAINT JOHN REGIONAL
HOSPITAL FOUNDATION TOWARD
THE CANCER TREATMENT CENTRE

N.B. CHEQUES MUST BE PAYABLE TO THE FUNDY TRAIL CANCER WALK COMMITTEE
ALSO: IN ORDER TO RECEIVE A RECEIPT WE MUST HAVE COMPLETE ADDRESS OF DONOR

FULL NAME	FULL ADDRESS	PLEDGE AMOUNT	PAID v	RECEIPT REQ'D	RECEIPT NUMBER

Starting and ending at Big Salmon River on the Fundy Trail Parkway
Registration starts at **10:00am** - Parking Lot 6 at Big Salmon River

The Fundy Trail Cancer Walk Committee and the Saint John Regional Hospital Cancer Treatment Centre would like to thank you for your participation.

**PLEASE JOIN US FOR- FUN- FOOD- FRIENDSHIP-ENTERTAINMENT
AT THE TENT AFTER THE WALK**

Each participant will receive a complimentary T shirt for \$50.00 or more in pledges

For further information please contact: Betteanne 833-4589, Barb 833-4768, Nancy 833-4552, Susan 833-4336 or the Fundy Trail Office at 833-2019

Waiver

I know that walking / hiking is a potentially hazardous activity. I should not enter and walk / hike unless I am medically able and properly trained. I agree to abide by any decision of an official to my ability to safely complete the walk / hike. I assume all risks with walking / hiking in this event including, but not limited to falls, contact with other participants, the effect of weather (including wind, rain and fog), traffic and the conditions of the path in consideration of you're accepting my entry. I for myself and anyone entitled to act on my behalf, waive and release the SAINT JOHN REGIONAL HOSPITAL FOUNDATION, THE FUNDY TRAIL CANCER WALK COMMITTEE, THE FUNDY TRAIL AND THE FUNDY TRAIL DEVELOPMENT AUTHORITY INC. from all claims or liabilities arising out of my participation in this event.

Signature (parent or guardian if under 18)

Print

Date