



# 14th Annual Walk / Fun Run to Prevent Child Abuse

- Team/Individual Prize for the Most Raised by a Team/ Individual (to qualify for individual/team prize, funds & forms must be received by October 5, 2018) – Please call to scheduled date/time (239) 226-1524
- Raffle Baskets:        \**Raffle Tickets on Sale, On-Site*  
                                  \**Pre-Sale 1 Week Prior to Walk*
- Free Snacks & Refreshments
- Music & Fun
- Vendor Tables (w/free giveaways)
- Well-Behaved Dogs Welcome (on leashes)
- Everyone can Walk, just complete a “Waiver” (Pg. 2)
- To receive a “Goodie Bag” (t-shirt & various goodies), you/your team must average \$50.00 per person in pledges
- To receive a t-shirt (only), raise \$25.00 per person in pledges
- Return this form and all funds to your team captain ~ or ~
- Bring to CNSWFL~2232 Altamont Avenue, Ft. Myers on/or before 10/14/19 ~or~ bring it with you the day of the Walk

## October 26, 2019

**Pelican Preserve  
10561 Veneto Drive  
Ft. Myers 33913**



**7:00am Registration  
8:00am Walk & Fun Run**

**(Pledge Form on Back)➔**

*In partnership with:*



**Children’s Network of Southwest Florida is the lead agency for foster care and adoption services in Southwest Florida. There are over 2,500 children who have suffered from abuse or neglect in Lee, Collier, Charlotte, Hendry and Glades Counties**

**100% of funds raised for this Walk A Thon will directly benefit children who are at risk for abuse and neglect in our community**

# Walker/Runner PLEDGE FORM

Participant Name: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team Captain: \_\_\_\_\_

Make checks payable to **Children's Network**. All contributions are tax-deductible. Thank you!

	Name of Pledge/Donor	Amount	CASH (Please X)	CHECK #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**ALL WALKERS/RUNNERS ARE WELCOME TO WALK/RUN, REGARDLESS OF DONATIONS TOTAL**

To receive a "Goodie Bag" (includes T-Shirt, various goodies, etc.), your team must average at least \$50.00 in pledges per person. To receive a T-Shirt (only), the cost is \$25.00 per person. Please return this form and all funds received to your team captain.

## TO QUALIFY FOR A TEAM PRIZE:

**ALL FUNDS & FORMS MUST BE RECEIVED BY: October 14, 2019** Team Captains & Individual Walkers can pre-register by October 14, 2019. Goodie Bags and/or T-shirt pick-up will begin October 21, 2019 at Children's Network, 2232 Altamont Avenue, Fort Myers, FL 33901. Call for Scheduling: (239) 226-1524 / Email: [info@cnswfl.org](mailto:info@cnswfl.org)

## REGISTRATION FORM

**One form MUST be turned in for each walker**

Yes! I'll Walk at the Walk to Prevent Child Abuse

I can't attend the Walk but will donate \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

**Team Captains** To ensure accurate credit to your team's total, fill in Team Captain on ALL Registration and Walker Donor Sections before you distribute them to your walkers.

Individual Walker     Team Walker     Captain

T-Shirt Size:  S     M     L     XL     XXL     3XL

**Each Participant must read and sign below:**

### Waiver of Release and Liability:

I, the participant, intending to be legally bound and having read and understood the waiver in its entirety, hereby waive or release any and all right and claims for damages or injuries that I may have against the Children's Network of Southwest Florida, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I also authorize the use of photographs and/or videos that include my image for promotional, information, or other reasons deemed to be in the best interest of the event.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

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

PARENT OR GUARDIAN (IF UNDER AGE 18):

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

