THE CHARLES H. BEST DIABETES CENTRE

WALK FOR THE BEST

Pledge Form

Name: _____ **Address:** _____

Team Name: _____

Telephone: _____ **City/Town:** _____

Email: _____ **Postal Code:** _____

- **Go to www.charleshbest.com/walk-for-the-best-2026 to make online donations**
- **Receipts are only issued for donations of $20 or more.**

Name	Address (Street, City/Town, Province, Postal Code)	Email	Pledged	Paid

Charitable # 13662-3295-RR0001

Please make cheques payable to: **The Charles H. Best Diabetes Centre**

DONATIONS MADE ONLINE ARE NOT TO BE INCLUDED ON THIS PLEDGE FORM

Waiver/Release: By participating in the Best Walkathon, I waive and release any and all claims for myself, heirs, executors and administrators against all sponsors, officials and organizers of the Best Walkathon including but not limited to The Charles H. Best Diabetes Centre, their sponsors and their properties, investors, members and owners for injury, illness or death which may directly result from my participation in this event. I shall permit the free use of my name and picture in publicity resulting from the Best Walkathon. I am physically fit to participate in this event. I have read, understood and agree with the contents of this waiver/release prior to participating in the Best Walkathon

Amount Submitted _____

Amount Outstanding _____

TOTAL RAISED _____

_____

Signature of Participant or Guardian (If under 18) Date