

Janine's Sarcoidosis Outreach Foundation Meet & Greet Fun Walk!

Please include this Pledge Form every time you turn-in pledges through the mail, office, or day of event collection. Include the walker's name and team name in the memo section of each check.

Bellaire Civic Center • 7008 S Rice Ave • Bellaire, Texas 77401 Saturday, April 29, 2023 • Registration begins at 8:30 am, Step off 9:30 am

Team Name: _____

Fund-Raising goal \$_____

Check when pledge is collected	Pledge		Address/
collected	Amount	Name	Telephone Number
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Place all pledges inside the *Pledge Envelope* and turn in at the walk or mail to: JSOF • PO BOX 1008 • Alief, TX 77411

Visit us at <u>http://www.jsof.org/donate</u> or call: 832-248-6621 for additional information. *Please do not mail cash donations!*

"Empowering the community through Sarcoidosis education and outreach."



Registration, Contribution and Waiver Form

(To be mailed or submitted at walk registration) Bellaire Civic Center • 7008 S Rice Ave • Bellaire, TX 77401 Saturday, April 29, 2022 • Registration begins at 8:30 am.

Total Pledge Amount: \$	
First Name:	
Last Name:	
Address:	
City, State and Zip:	
Phone Number:	Email:

Thank you for participating in the JSOF Sarcoidosis Awareness Fun Walk!

For Office Use Only						
Rec'd by:	Cash:	Checks:	TOTAL: \$			

I know that participating in a walk is a potential hazardous activity. I will not enter and participate unless I am medically able. I assume all risks from participating in this event and its related activities, including but not limited to falls, contact with other participants, effects of the weather, and track conditions: all such risks being known and appreciated by me.

Having read this waiver and release and knowing these facts, and in consideration of your accepting my participation, I, for myself and anyone entitled on my behalf, waive and release JSOF, other participants, volunteers, and any and all sponsors and their respective affiliates, of and from all claims, liabilities or causes of action of any kind arising out of my participation in "JSOF Sarcoidosis Awareness Walk" which I, or my successors, assigns, or heirs may ever have now, or in the future against any of them.

This release and waiver extends to all claims of every kind and nature whatsoever. I also grant permission to JSOF and each of the sponsors to use any photographs, interviews, motion pictures, recordings or images of me regardless of medium, or any other record of this event in promotional materials, presentations or for any lawful purpose and waive all rights to compensation for use of these images.

Print Name of Participant	Age
Signature (Parent or Guardian's signature if under 18)	

JSOF – (501 c3 tax exempt organization)

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