



Walk/Run For What Matters 2008
 (Formerly Health Walk)
June 7, 2008

Agency Walker Sponsor Form

- Encourage your sponsors to pay their pledges immediately by check - making them payable to the agency for which you are walking. List each sponsor below.
- Turn in all collected pledges to, and pick-up your walker number and Walk For What Matters 2008 T-Shirt from, your Agency Team Coordinator before event day. Please contact your Agency Team Coordinator if you are unable to do so before June 7th.
- If you do not complete this process prior to June 7, turn in your collected pledges and receive your walker number and Walk For What Matters 2008 T-shirt from your Walk Team Coordinator who will be at the event Registration Area before the walk begins.
- After event day, contact those who have not yet fulfilled their pledges and collect them as soon as possible. Late collections should be given to your Agency Team Coordinator.

Your Name _____ Phone _____

Address _____

Agency for which you are walking _____ Agency Team Coordinator _____

Agency Address _____

SPONSOR NAME	ADDRESS, CITY, ZIP	PHONE	TOTAL PLEDGED	PAID TODAY	TO BE COLLECTED
TOTAL:					

Waiver and agreement for Walk For What Matters 2008: Upon acceptance of my application, I - for myself, my executors, administrators and assigners - do hereby release and discharge United Way of Westchester and Putnam, Walk For What Matters 2008 and its sponsors and coordinators or their successors or the organization I am walking for, from all claims of damage, demands, actions and causes of action whatsoever, in any manner arising or growing out of my participation in this event. I further attest that I am physically qualified to participate in this event and understand that the weather and ground conditions may be hazardous. I give my permission to use, without limitation or obligation, photographs, video tape or audio recordings which may include my image or voice for the purposes of promoting Walk For What Matters 2008, its sponsors and/or its coordinating organizations.

Signature _____ Date _____ Parent or Guardian Signature (if participant is less than 18 years old) _____

Sponsors to date

PEPSICO

Akzo Nobel • Sarah Neuman Center for Healthcare & Rehabilitation • Mutual of America