# BANGOR AREA AIDS WALK

Registration and Pledge Form

Walker's Name: _____

Address: _____

_____

Telephone: _____

Email Address: _____

Team/Company: _____

Walkers: Please choose **ONE** agency to benefit from your pledges:

- □ Eastern Maine AIDS Network
- □ Wabanaki Mental Health Association
- □ All About Prevention
- □ Down East AIDS Network
- □ Frannie Peabody Center
- □ HealthReach Harm Reduction
- □ Horizon Program
- □ Maine AIDS Alliance
- □ Maine Community AIDS Partnership
- □ New Beginnings
- □ Public Health Div., HHS, City of Portland
- □ St. Mary's Regional Medical Center
- □ WMCA Health Services

☐ I can't join this year's walk, but I realize how important this work is in the community, so here is my donation.

Make checks payable to "AIDS Walk". Have your sponsors write your name in the memo portion of the check. Checks made payable to "AIDS Walk" may be mailed to the AIDS service organization of your choice or to Maine AIDS Walk c/o MCD, 11 Parkwood Drive, Augusta, ME 04330.

Please print legibly. Please do not list your online credit card donations on this form.

| Sponsor's Name | Address | Phone | Amount | Agency to Benefit |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please make additional copies of this form as needed. Collect & bring donations to the Walk. | | | **TOTAL:** | **$** |
| Company Matching Donation: $_____ Company Name: | | | | (Please provide the necessary forms) |

**Waiver & Consent:** I acknowledge that participation in this event is a potentially hazardous activity and agree to take responsibility for my own safety, to follow all of the directions of the event organizers, and to obey traffic control devices. I understand that participants are to use the sidewalk and the side of the road, and to stay out of the path of vehicular traffic. I know of no medical reason why I cannot safely participate in this event, and I voluntarily assume the risk of any injury. I agree on behalf of myself, my heirs, executors, and assigns to hold Maine Community AIDS Partnership, Maine AIDS Alliance, Medical Care Development, Inc., and the host agency, Eastern Maine AIDS Network, its agents and employees, harmless against any personal injury or property damage of any kind.

**Signature:** _____ **Date:** _____

**Parent's Signature if under 18:** _____