

The 3 Day Stampede toward the cure for Cystic Fibrosis **Presents**

The 29th annual Walk and Roll a thon

Starting and ending at the Bristol Recreation Field Site of the 3 Day Stampede on July 26, 27, 28, 2019 Come and help us cure CF!

Sunday, July 28, 2019 Registration at 10:30 Walk at 11:00

ail David & Ponite Padard 802 453 4305 honita@x

Please Print Clearly	-maii David & Bonita Bedard 802-453-4305 bo		Waiver		
Name:		I, the undersigned, agree to indemnity and hold harmless the Cystic Fibrosis Foundation from all cost,			
Address	State Zip	expense and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation. I hereby waive all claims for damage or loss to my of my child's person or property which may be caused by any act, or failure to act, by the Cystic Fibrosis			
Email			Foundation, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event; and I hereby assume liability for any loss, damage or other liability from		
the event or a flat total ple	INSTRUCTIONS eir relatives, friends and neighbors to make a pledge for edge. A unit can be laps, miles, etc. For example, if a sympletes 60 units, that person will make a \$15.00 dona	such event. Important: Participants under age 18 must have this form signed by a parent or guardian.			
 Record sponsors and other Participants should bring to 	r information on this form. Use as many sheets as nece this completed sponsor form and the money collected to d parent, if applicable) must be sign the waiver prior to	Participant's Signature			
4. The chairperson at the eve5. All donations must be turn	ent site will lead the activities and answer any question ned in within two weeks after the date of the event. AFTEY IS FIRST AND FOREMOST IN EVERY (Parent or Guardian's Signature			
CHECKS SHOULD BE MADE PAYABLE TO THE CYSTIC FIBROSIS FOUNDATION			Date Donations are tax deductible within the limits provided by law.		
Sponsor's Name	Sponsor's Address	Phone Number	Amount Pledged Per Total Amount		
			Unit or Total Pledge Collected		

Sponsor's Name	Sponsor's Address	Phone Number	Amount Pledged Per Unit or Total Pledge	Total Amount Collected	
			8		
Number of Units		Totals this	\$	\$	
completed:		sheet			
T-Shirt Sizes: Adult:	□ SM □MD □LG □XL Chil	d: □SM □ MI	D 🗆 LG	•	

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