Sponsor Pledge Form

□ \$25 □ \$50 □ \$75 □ \$100 □ Other \$_

My Goal Total Pledges

		Address
Rring this completed form to the walk. You may photocopy this fo	rm for additional pledge space or download a PDF from our website.	City ST Zip Phone
		Email
Valker's Name	WAIVER OF LIABILITY In consideration for participating, the undersigned, or any personal	□ PAID □ \$25 □ \$50 □ \$75 □ \$100 □ Other \$
ddress	_ representative, shall not make any claim against, maintain an action	
	against, or recover from WELS Lutherans for Life for any injury, loss, dam-	First Last
ity	participant is under eighteen (18) years of age, on behalf of myself and any	Address
TZip	other parent or guardian of my child, I hereby release, indemnify and hold harmless WELS Lutherans for Life from any and all liability for any loss or	City ST Zip Phone
none	injury, including death, my child may suffer while participating as a result	Email
	from participation in this activity. Additionally, I hereby authorize the use	□ PAID □ \$25 □ \$50 □ \$75 □ \$100 □ Other \$
hurch/Group		First Last
nail	Signature of Participant Date	Address
Register Online		City ST Zip Phone
	Signature of Parent or Legal Guardian Date	Email
vww.life-a-thon.org		
Via Phone		□ PAID □ \$25 □ \$50 □ \$75 □ \$100 □ Other \$
Please print a	II information clearly. Make check payable to WELS Lutherans for Life	First Last
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PAID	□ PAID □ \$25 □ \$50 □ \$75 □ \$100 □ Other \$	Pre-Register Today! Please cut out and return this
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□ \$25 □ \$50 □ \$75 □ \$100 □ Other \$_

□PAID

Please Print Clearly!

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Souvenir Cup	s (1 per wal	ker/runner)		
(Please	ole to walk, make checend me	k payable	to WELS	Lutheran	

Return this form to: WELS Lutherans for Life • 8501 W Lincoln Ave • West Allis, WI 53227 Pre-register online at www.life-a-thon.org or by phone at 414-727-8176 TODAY.