



**Janine's Sarcoidosis Outreach Foundation – WALK FOR A CURE**

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 in the memo section of each check.

**Walk Site: Jewish Community Center • 5601 South Braeswood Blvd • Houston, TX 77096**  
**Saturday, October 24, 2009 • Registration begins at 7:30 am.**

Name: \_\_\_\_\_ Fund-Raising goal \$ \_\_\_\_\_

Check when pledge is collected	Pledge Amount	Name	Address/ Telephone Number
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**TOTAL \$ \_\_\_\_\_**

Place all pledges inside the Pledge Envelope and turn in at the walk or mail to: JSOF • P.O. BX 1008, • Alief, TX 77411

Visit us at [www.isof.org](http://www.isof.org) or call: 832-248-6621 or fax 281-565-3228 for additional information.

*"Empowering the community through sarcoidosis education and outreach."*



**Registration and Contribution Form**

Total Pledge Amount Enclosed: \$ \_\_\_\_\_

**JSOF – SARCOIDOSIS CHARITY WALK FOR A CURE – OCTOBER 24, 2009**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Thank you for participating in the walk and helping to find a cure for Sarcoidosis.**

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 it's 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 "Come Join Us as We Walk for a Cure" Sarcoidosis Awareness 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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