Name: _____

Address: _____

City/Prov. _____Postal Code: _____

Tel: _____ e-mail: _____

10 km Run $35 ____ 5 km Run $25 ____ 5 km walk ____ 2 km walk ____

Age: (12 and under) _____ (13 – 17) _____ (18+) _____

Signature_____ Date: _____

(Parent/Guardian signature if under 18 years old)

7th Annual Keegan's Walk
1st Annual Breath of Hope Run

Give every child the Breath of Hope

September 30th, 2007
Ferguson Forest Centre/St. Michael Catholic High School
Kemptville, Ontario

Instructions:

Keegan's Walk – 2 km & 5 km walks:
Complete top portion of this pledge form, collect pledges and on September 30th bring pledge form and monies with you to the event. Only pledge forms and monies received at the event will be eligible for top pledge earner prizes.

Breath of Hope Run – 5 km & 10 km race:
Register online at http://www.events.runningroom.com/site/?raceId=3168 or fill in top portion of this pledge form and along with your registration fee, mail to Keegan's Walk for SIDS, P.O. Box 578, Kemptville, ON K0G 1J0 or in person at Brewed Awakenings, Creek Side Mall, 2868 Cty Rd 43, Kemptville, or 205 St. Lawrence, Merrickville, by September 15th.

Race kit pick up: September 22 to 28 at Brewed Awakenings in Kemptville or at the event prior to the race.
Registrations fees prior to September 15th include: Race kit, T-shirt, run number and bib, refreshments following the race.
T-shirts will be included in registrations after September 15th only while supplies last.

Proceeds from these events will go to support research and education through the Canadian Foundation for the Study of Infant Deaths (CFSID). Donations $20.00 or more will automatically be receipted. Donations under $20.00 will be receipted upon request.

All cheques are payable to Keegan's Walk for SIDS. All pledge forms and monies not submitted at the event should be mailed to Keegan's Walk for SIDS P.O. Box 578, Kemptville ON K0G 1J0 by October 15th.

For more information:

Website: www.keeganswalk.com
Email: keeganswalk@sympatico.ca
Telephone: (613) 258-1075.

Give Every Child the Breath of Hope

The Canadian Foundation for the Study of Infant Deaths
Charitable Registration Number
118831544-RR0001

Your Sponsor's Information / Vos commanditaires

Please print clearly / Veuillez écrire lisiblement

Name / Nom	Mailing Address / Adresse	City/Town / Ville	Postal Code / Code postal	Pledges/ Montant	Collected /Recueilli	Receipt/ Reçu
Page ____ of ____			**Total =**			

Participant Waiver/ Clause de renonciation

By participating in Keegan's Walk for SIDS, I waive and release any and all claims for myself, heirs, executors, and administrators against all sponsors, officials, Ferguson Forest Centre, the Eastern Ontario Catholic School Board, St. Michael Catholic High School and organizers of Keegan's Walk for SIDS for injury, illness, or death which may directly or indirectly result from my participation in this event. I have read and fully understand and agree with the contents of this Waiver/Release prior to my participation.

Signature _____ Date:_____