

GREAT STRIDES Sponsor Form

team name _____ team leader name _____

walk site _____

walker's name (first, last) _____

mailing address _____

city, state, zip _____

telephone _____ am/pm my company has a matching gift program Y or N

company _____

email address _____

Please make checks payable to the Cystic Fibrosis Foundation

Please indicate prize number you are eligible to receive:

(See prize structure for code) _____ I want to donate my T-shirt/prize back to CFF: T-shirt Prize

By donating prizes back to the CFF, you will contribute more to the fight against CF.

B. CEPACIA POLICY: Because of risks to people with CF, individuals with a confirmed positive sputum culture for *Burkholderia cepacia* complex shall not attend this event. This is because *B. cepacia* can be passed between individuals who have CF through close proximity. *B. cepacia* infection in a person with CF can cause serious respiratory illness and, in some patients, may lead to death. Despite this policy, there still might be some individuals with *B. cepacia* in attendance. *B. cepacia* is not a risk for otherwise healthy individuals. For alternative ways to participate and for information about this policy, please contact the CF Foundation at (800) FIGHT-CF or visit our Web site at www.cff.org. Consult your CF care center physician with medical questions.

For Internal Use Only

PledgeMaker ID #: _____ Total Dollars Received and Verified: \$ _____ Verified by: _____

This is a prepaid walk. Collect money from sponsors before the event. Enclose donations in this envelope. Please give this envelope to your team leader to hand in on walk day, or bring it with you to the walk.

| Name | Address | City, State ZIP | Amount |
|---------------------|----------------|-------------------|--------|
| Example – Joe Smith | 100 Elm Street | Anytown, BW 12345 | \$50 |
| 1. _____ | | | |
| 2. _____ | | | |
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| 23. _____ | | | |
| 24. _____ | | | |
| 25. _____ | | | |

Note: Additional sponsors can be listed on a separate piece of paper and put into the envelope.

Waiver (Each participant must read & sign below) – I, the undersigned, agree to indemnify and hold harmless the Cystic Fibrosis Foundation from all cost, expense and liability arising out of my or my child's participation in this event to benefit the Cystic Fibrosis Foundation. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act or failure to act, by the Cystic Fibrosis 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 such event. **Important!** Participants under age 18 must have this form signed by a parent or legal guardian. **Important!** I give permission to the CFF to use any pictures, video footage, etc. that is taken at the walk to use in future promotional materials.

| | |
|---|--|
| Total Enclosed in this Envelope \$ | |
| Matching Gifts to be Received \$ | |
| Online Donations Received to Date \$ | |
| | |

Participant's Signature or Parent/Legal Guardian _____

Date _____