

Checks should be made payable to SPF. Acknowledgements will be made for check and credit card sponsorships only.

TeamWalk Sponsorship Form

Name: _

TW Location: _____ Walker by Proxy (Y or N): ____



HEREDITARY SPASTIC PARAPLEGIA

Name	Mailing Address	City, State, Zip or Postal Code	Visa/MC # and Exp. Date	Donation
Waiver and Release of Liability - To be signed by all attending a TeamWalk				TOTAL:
Upon registering for a SPF TeamWalk, I hereby assume any and all risks which may be associated with my participation in this event. I further waive all claims against the Spastic Paraplegia Foundation, its officers, directors, volunteers, agents and assigns, from any and all injuries or liabilities which might occur during this event. I grant full permission for the Foundation to use photographs of me taken at the TeamWalk and any accompanying events.				
Print Name		Signature		
				\$