

2018 Wheel-A-Thon Pledge Sheet

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**Center for Disability Rights
369 Highland St.
West Haven, CT 06516
(203) 934-7077
www.wheel-a-thon.org**

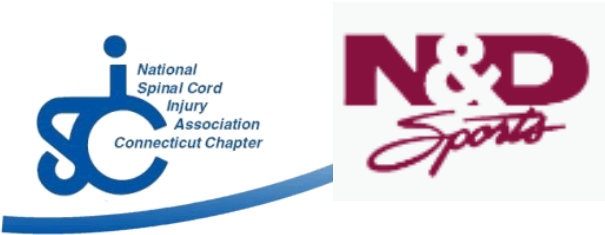


13th Annual Wheel-A-Thon to Benefit Youth



6-8:30 p.m.
Tuesday, July 24, 2018
Savin Rock
Conference Center

***Special Thanks to our
Major Sponsors!***



for more info, visit
www.wheel-a-thon.org

**Raise awareness and money
for youth with disabilities!**

Join hundreds of people from local businesses, civic groups, families, and individuals just like you in supporting the Center for Disability Rights Wheel-A-Thon this year and every year. Ride in a wheelchair, ride a bike or walk to help CDR raise awareness and money while having fun!

Money raised supports:
The money raised during the 2017 Wheel-A-Thon went toward Summer Empowerment Camp opportunities for 9 high school juniors and seniors and 5 Wheel-A-Thon Scholarships.

Start gathering your pledges and send them as soon as you can. You can register online — email us at info@wheel-a-thon.org and request a registration form in electronic format (or download it from the forms page at wheel-a-thon.org), complete it and email it to registration@wheel-a-thon.org.

All you need is Spirit!

You can participate as an individual or you can form a team.

- Individual (minimum \$25) or
- Team of 2-8 (minimum \$200)

See if you can raise more than last year's winning fundraisers. Last year's winning individual raised more than \$450! The winning team raised nearly \$1,400!

Can you top that?
You can be the winner this year!!

Each team is encouraged to submit the \$200 minimum before July 9. Additional funds raised and matching gifts may be submitted on or after the day of the event — July 24, 2018.



2018 Wheel-A-Thon Registration

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

- ☐ I will participate as an individual.
- ☐ I will participate on a team.

TEAM NAME: _____

T-Shirt Size: Youth: Small ☐ Med ☐ Large ☐

Adult: M ☐ L ☐ XL ☐ 2X ☐ 3X ☐

- ☐ My company participates in a Matching Gift Program. (please enclose necessary forms with application)

I am unable to participate but I will make a donation

of: _____ \$10 _____ \$25 _____ \$50 _____ \$100

_____ \$250 Other \$ _____

Please make checks payable to CDR Wheel-A-Thon

This is my _____th year participating.

For more information, contact the Center for Disability Rights at (203) 934-7077.

Mail your registration to:
Center for Disability Rights
369 Highland St.
West Haven, CT 06516
Or email it to registration@wheel-a-thon.org
Phone: (203) 934-7077

Accident and Release of Liability Waiver

I acknowledge that the CDR Wheel-A-Thon is a 1.5-mile walk and roll through the public sidewalks and streets on foot and using a wheelchair. The purpose of the event is to raise awareness of the obstacles faced by folks with disabilities. As such, I understand that the physical route has defects and barriers which may challenge my ability to pass through, and could represent some risk of injury. I certify that I am in reasonably good health and fitness to attempt this course, and have not been otherwise informed by a physician. I acknowledge that I am aware of all of the risks in walking the course and using a wheelchair to navigate the course. I agree to assume those risks.

I acknowledge that this Accident and Release of Liability and Waiver will be used by the event holders, sponsors, and organizers, and that it will govern my actions and responsibilities at the event.

As a condition of my participation in CDR's Wheel-A-Thon and the activities incident thereto, I hereby waive any and all rights to claims for loss or damages caused by the negligence, active or passive, of Center for Disability Rights, Savin Rock Conference Center, City of West Haven, Event Sponsors, Event Volunteers, or any individuals officiating, supervising or observing such activities.

Additionally, I agree to abide by and be governed by the rules established by the Wheel-A-Thon Organizing Committee.

Print Name _____

Signature (Legal guardian should sign here if participant is under age 18)

Date _____

