

## PLEDGING & INFO:

Each participant walking in the event and collecting pledges will be responsible for their OWN PLEDGE MONIES & DOCUMENTATION OF PLEDGES on pledge sheet & envelope provided

The Women's Resource Centre will also be accepting pledge monies for ALL participants at our office and will be added together accordingly.

1. Each participant will be provided an envelope with a sheet to fill out all information from your pledgers ex: Name:  
Amount:  
Monies paid Yes or No  
If they would like a charitable receipt please make sure to have their full name, home address, and phone number
2. Each participant's money is due on June 30th. Pick up arrangements can be made or you can drop off at our office, or bring to the walk.
3. Each participant will be responsible for promoting themselves to get pledges.
4. The Women's Resource Centre will promote the event as a whole and spotlight participants of the week each week leading up to the event.
5. The Women's Resource Centre may reach out once or twice for a small update to be able to update the community of where our participants are at. We will be promoting and broadcasting updates on our Facebook page, as well as on CFAR radio for community engagement.
6. Multiple people from an organization identifying as male and 16+ can register for the walk.

## **REGISTRATION & WAIVER FORM**

Women's Safe Haven & Resource services inc. annual "Walk a Mile in her Shoes" Event  
2026

Thank you for participating in this worthwhile, and impactful cause. Please complete this form for each participant entering and return ASAP.

As soon as registration is complete and returned to us, you can start looking for pledges and advertising yourself!

Options for pick up/drop off of registration forms include:

- Calling 204-681-3105 to make arrangements for us to pickup
- Dropping it off at our office at #228-35 Main Street (above Pharmasave)
- Emailing a scanned copy to [wrcounselor.allie@gmail.com](mailto:wrcounselor.allie@gmail.com)
- Faxing to 204-687-3322

*For questions please contact us at 204-681-3105*

### **REGISTRATION**

Name of Walker: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

### **WAIVER**

In consideration of my entry in the "Walk A Mile In Her Shoes" event, my self, and my employer(if applicable) waive and release any and all rights and claims for damages I have or may have hereafter against the organizers of the event, its participants, the employees of the Women's Safe haven & Resource Services inc, any union, and all sponsors and representatives. I attest and verify that I am physically fit to participate and am aware of the physical risks involved in this event. Further, I hereby grant full permission to any and all of the forgoing to use my name and likeness in any broadcast, telecast, video or print media of this event for any purpose whatsoever without compensation.

Walker Signature: \_\_\_\_\_

Parental Signature if under the age of 18: \_\_\_\_\_

Date: \_\_\_\_\_

