



Bowler Donation Log

Thank you for participating in this year's fun bowling event to help kids and adults with muscular dystrophy live longer and grow stronger! Please bring this completed form and waiver to the event.

Event Date: _____

Team Captain Name: _____

Bowler Information

Name: _____

Company name (if applicable): _____

Email: _____

Phone: (day) _____ (evening) _____

Address: _____

City: _____ State: _____ ZIP: _____

Many employers sponsor matching gift programs and will match any charitable contributions made by their employees. To find out if your company has a matching gift policy, visit mda.org/get-involved/matching-gifts.

Check here if your company has a matching gift program.

Donor Name	Phone/Email	Donation Amount	Matching Gifts (If Applicable)	TOTAL
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
6.		\$	\$	\$
7.		\$	\$	\$
8.		\$	\$	\$
9.		\$	\$	\$
10.		\$	\$	\$
11.		\$	\$	\$
12.		\$	\$	\$
13.		\$	\$	\$
14.		\$	\$	\$
15.		\$	\$	\$
TOTALS		\$	\$	\$



MUSCULAR DYSTROPHY ASSOCIATION, INC.
WAIVER, RELEASE & CONSENT

NAME OF EVENT: _____

LOCATION: _____

DATE(S): _____

In consideration of MUSCULAR DYSTROPHY ASSOCIATION, INC. ("MDA®") permitting (me)(my child _____, who is under 18) to participate in the above-named event, I hereby, and for (my)(my child's) heirs, executors, administrators, assigns, and all legal guardians, **WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE**, that (I)(my child) may have against MDA, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I)(my child) may suffer while taking part in the event or any activities connected with the event. **I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE** any or all of the Released Parties in connection with the event.

Consent also is hereby given to use (my)(my child's) name, picture, portrait, likeness, writings or biographical information (including, if applicable, neuromuscular disease diagnosis), and audiotape and/or videotape recordings and sound or silent motion pictures of (me)(my child) in any media for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and for any other purpose in furtherance of the corporate purposes and objectives of MDA.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me, (my)(my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child).

Print Name of Participant

Signature of Participant

Date

Home Address, City, State & Zip Code

E-mail

I affirm that I am the parent/legal guardian of _____ and that I have full authority to authorize his/her participation in the above-referenced MDA event.

(Signature of Parent or Legal Guardian if Participant is Under 18)

Date