



Tell _____ to “take a walk”!!

Pledge Form:

The Miles for Smiles 5K Run/Walk and Kids Fun Run is a unique community event that will benefit the Dental Center of Northwest Ohio in its efforts to offer low or no-cost dental care to area underserved families. Your participation will help raise not only funds but awareness of the need for dental care for the underserved. Use this form to ask friends, family, coworkers, patients, neighbors...everyone to help support the Miles for Smiles 5K Run/Walk and Kids Fun Run!

Suggested donation: \$10 per person (\$2 per K)

First Name _____ Last Name _____

Dental Office Affiliation _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

List Sponsors Below

See Reverse Side for Payment Instruction

Sponsor Name	Address / City / State / Zip	Phone / e-mail	Pledge	Collected
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

All contributions are tax deductible. Your cancelled check is your receipt. Total Collected: \$ _____

See next page to sign and date

Walk: Sign up as many sponsors as you can! Challenge a co-worker or friend to see who can raise the most. Suggest a \$10 donation or whatever they can afford.

Form a Team: Miles for Smiles is a great opportunity to bring dental offices, friends and family together. Give your team a name and create a sign with your team name. It's more fun to walk as a group.

Walk Day: The run/walk will take place rain or shine.

The route will be clearly marked.

Pets are prohibited for the event.

Registration Time: To be announced. Most people can complete a 5 kilometer (about 3 miles) route in 45 minutes to 1.5 hours

Walk Begins: To be announced. Arrive early enough to park, register, or check in if you pre-registered. Bring this pledge form and your collections with you to the registration area.

**The Dental Center of Northwest Ohio
2138 Madison Avenue
Toledo, OH 43623**

Make checks payable to: **Dental Center of Northwest Ohio** (Miles for Smiles on the "memo" line)

Wavier:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to: contact with other participants, the effect of the weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or blades, i-pods and radio headsets are not allowed in the race, and I will abide by this guideline. Having read this waiver and knowing these facts in consideration of your accepting my entry, I, for myself and anyone enabled to act on my behalf, waive and release Miles for Smiles, The Dental Center of Northwest Ohio, all sponsors, their representatives and successors from all damage or injuries of any kind arising out of my participation in this event, though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further grant permission to this race and organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Signature: _____ Date _____

Parent's Signature _____ if under 18 years of age)