The ARDS Foundation
United in Hope
Acute Respiratory Distress Syndrome
3100 Dundee • Suite 402 • Northbrook, IL 60062

March for Miracles 2005 Sponsor Sheet

Chicago Botanic Garden

Saturday, August 13, 2005

Proceeds to benefit ARDS Support, Education and Research

All Checks may be made payable to "The ARDS Foundation"

Name of Walker _____

Name	Address	City	State	Zip	$50	$35	$25	$10	Other
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In consideration of the furtherance of your purposes, objectives and work and in consideration of your permitting me to participate in the ARDS Foundation, "March for Miracles" Walk, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages that I may have against you, the municipalities through with the ARDS Foundation, "March for Miracles" Walk will take place, as well as any other person connected with the ARDS Foundation "March for Miracles" Walk, their heirs, executors, successors and assigns for any and all injuries that I may suffer while taking part in the ARDS Foundation "March for Miracles" walk or as a result thereof

Signature_____ Date_____