You Make a Difference

The starting line for learning to give back begins with the St. Jude Trike-A-Thon. The donations you collect will help fund lifesaving research and treatments at St. Jude Children's Research Hospital®. Thank you for helping St. Jude kids!



HOW TO PARTICIPATE

- · Sign up with your child's school to access your fundraising page.
- · Let your friends and family know your child is participating in the St. Jude Trike-A-Thon by sharing on social media.
- Track your progress by setting a fundraising goal and collecting donations.
- Visit stjude.org/trike for helpful tools to boost your fundraising!



ABOUT ST. JUDE

- Families never receive a bill from St. Jude for treatment, travel, housing or food-so they can focus on helping their child live.
- Every St. Jude patient deserves a chance to live their best life and celebrate every moment. Your support helps St. Jude give kids with cancer that chance.
- You help St. Jude focus on what matters most saving kids.



Register today and personalize your online fundraising page at

stjude.org/trike

St. Jude patient Kamryn, blood cancer pictured with his mom



Please detach and return this permission slip to your child's Trike Event Lead.

Parent/Guardian Permission Slip

☐ Yes, I want my child to fundraise for St. Jude Children's Research Hospital.

My Child's Name: Class/Age Parent/Guardian Name: _____

Parent/Guardian Signature Date

CONSENT AND RELEASE FOR ST. JUDE In signing this release, I (the "Parent") as parent or legal guardian of a minor under the age of eighteen years, the "Participant", permit Participant to attend and participate in the St. Jude Trike-A-Thon event ("Event") for the purpose of fundraising for and/or raising awareness of St. Jude Children's Research Hospital® ("St. Jude"). I acknowledge and warrant that Participant is physically fit and able to safely participate in the Event without risk to themselves or others. I, on behalf of Participant, understand that there may be risks associated in taking part in a physical $activity \, and/or \, an \, activity \, and \, assume \, all \, risk \, of \, injury \, that \, may \, occur \, as \, a \, result \, of \, Participant \, taking \, part \, in \, the \, Event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, for \, myself, \, and \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, and \, continuous \, are the \, continuous \, are the event. \, I, \, on \, behalf \, of \, the \, Participant, \, and \, continuous \, are the \, continuous$ my heirs, executors and administrators, hereby agree to indemnify and hold harmless St. Jude, American Lebanese Syrian Associated Charities ("ALSAC"), all public or private agencies whose property and/or personnel are used, all other sponsoring or co-sponsoring companies or individuals and all individual organizers or volunteers related to or involved in the Event (collectively, "Releases") from all liability to Parent, Participant and his/her personal representatives, assigns, heirs and executors, for all loss(es) or damages(s) and any and all claims or demands therefore, on account of injury to Participant or property. Parent hereby assumes the risks of loss(es), damages(s), or injury(ies) that may be sustained by Participant while participating in the aforementioned activity.

Important: Participants under age 18 cannot sign this form. Only their Parent or Guardian may sign on their behalf.



Research Hospital



Participant Donation Form

Мy	Goal for	St.Jude\$	

	Sponsor's Name	Address, City, State, ZIP	Email Address	Donation Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Make additional copies as needed.

Checks/Money Orders Tota	I\$
Online Tota	1\$

Note: Please make all checks payable to St. Jude Children's Research Hospital.

GRAND TOTAL \$_____

ALSAC is the fundraising and awareness organization that supports St. Jude Children's Research Hospital ("St. Jude") ALSAC is an illinois nonprofit, tax-exempt organization which exists solely to raise and provide the funds necessary to operate and maintain St. Jude whose mission is to find cures for children with cancer and other to make any changes, please write to us, call us at 1-800-605-3079, or e-mail us at donorsestitude org. To ensure the privacy of our friends and supporters, St. Jude does not sell, lease, rent or loan any personally identifiable information to anyone not acting on our behalf. However, we do share this data with service providers that have agreed to adhere to our privacy policy. Since this mailing may reach both U.S. and Canadian residents, please review the following state or U.S. Residents contributions may be eligible for a tax deduction as allowed by law, for questions about financial information or about ALSAC's purpose, programs and the following state of the following state of the following state state below. Cold said that financial information is available upon request to ALSAC for for residents of for residen



