

One Form Per Family Registrant Required

1

REGISTRANT

First Name: _____ Last Name: _____

MEMBERS OF MY FAMILY

First Name: _____ Last Name: _____ Adult Youth (under 18)

First Name: _____ Last Name: _____ Adult Youth (under 18)

First Name: _____ Last Name: _____ Adult Youth (under 18)

First Name: _____ Last Name: _____ Adult Youth (under 18)

First Name: _____ Last Name: _____ Adult Youth (under 18)

First Name: _____ Last Name: _____ Adult Youth (under 18)

2

WAIVER – Hike for Hospice Agreement, Release and Indemnity

I, the undersigned participant in the Hike for Hospice, in consideration of me and/or members of my family, hereby – for myself, my heirs, executors, and administrators, - assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue Hospice of Waterloo Region, its officers, board of directors, employees, sponsors, organizers, volunteers or other representatives or their successors and assigns, for any and all injuries or damages of any kind whatsoever suffered by myself and/or members of my family as a result of taking part in the event and any related activities. I also authorize the use of any photo, film or videotape taken of me and/or members of my family at the event for any purpose.

By signing this waiver, I acknowledge having read, understood and agreed to the above waiver. I warrant that I and/or members of my family are physically fit to participate in the event. I hereby consent to and permit emergency treatment for myself and/or members of my family in the event of injury or illness.

Name of Registrant: _____

Signature: _____



HOSPICE WATERLOO REGION

298 Lawrence Avenue, Kitchener, Ontario N2M 1Y4
 (t) 519-743-4114 (f) 519-743-7021 (e) hospice@hospicewaterloo.ca
 Charitable Number: 140415795 RR0001

THANK YOU!

Your support helps ensure that all Hospice programs and services are offered at no charge to clients.