



2022 PARTICIPANT REGISTRATION & WAIVER FORM

Please complete the waiver form below, sign, save and email to hike@hospicecalgary.ca

Main Contact Information: (Please PRINT, except where signature is required) Date: _____

Name (Hiker 1): _____

Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ E-Mail: _____

TEAM NAME, if applicable _____

Participants: Please print name clearly and sign after reading the agreement.

Media agreement: By signing, you give permission to Hospice Calgary and its agents the right to photograph, film, videotape or audiotape your participation in this event ("Representations"). Such Representations, whether in their original form or as reasonably modified by Hospice Calgary, may be used on the Hospice Calgary website, Hospice Calgary News and Events Page on Facebook, Hospice Calgary YouTube Channel or in any other promotional or educational materials for Hospice Calgary from time to time. To the maximum extent permitted by law, the foregoing consent will remain in perpetuity once Representations have been made and published, broadcast, or provided to media outlets. **Liability Agreement:** I hereby agree to indemnify and hold Hospice Calgary harmless from any and all liability (personal, physical and/or financial) related to the operation and hosting of (including my participation in) the Hike for Hospice awareness and fundraising event.

Hiker 1 _____ <small>Print Name Clearly</small>	X _____ <small>Signature or Signature of legal guardian if participant is under 16.</small>	Age ____ (only if 16 and under)
Hiker 2 _____ <small>Print Name Clearly</small>	X _____ <small>Signature or Signature of legal guardian if participant is under 16.</small>	Age ____ (only if 16 and under)
Hiker 3 _____ <small>Print Name Clearly</small>	X _____ <small>Signature or Signature of legal guardian if participant is under 16.</small>	Age ____ (only if 16 and under)
Hiker 4 _____ <small>Print Name Clearly</small>	X _____ <small>Signature or Signature of legal guardian if participant is under 16.</small>	Age ____ (only if 16 and under)

Please use additional sheets if there are more than four participants in your family, living at the same address.

Total # of Hikers: _____ x \$15.00 = \$ _____ + **Donation of \$** _____ = **Total: \$** _____

Payment Method:

Cheque enclosed made payable to Hospice Calgary

Visa Mastercard

Card Number _____ Expires ____/____ CVV _____

Name on Card _____ Signature _____