



**Registration Fee includes:**  
T-shirt, Hiker's Pack, Lunch, Refreshments  
and Insurance/ Liability coverage

**\*New\* REGISTRATION MUST BE FILLED-IN FOR EACH HIKER**

**PLEASE PRINT CLEARLY**

**\$15 INDIVIDUAL REGISTRATION**

**\$50 TEAM REGISTRATION (Maximum 5 People)**

**(Captain MUST Register & Pay Fee Prior to team member check-in)**

Adult (Over 18)  Youth (Under 18)

Team Captain  Team Member

Mr.  Mrs.  Miss  Ms.  (other) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ email \_\_\_\_\_

Team Name: \_\_\_\_\_

Method of Payment:  Cheque  Cash  VISA  MasterCard

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

**WAIVER – 2010 HIKE for HOSPICE AGREEMENT, RELEASE AND INDEMNITY**

I, the undersigned participant in the 2010 *Hike for Hospice*, in consideration of me and/or my minor child, 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 St. Joseph's Lifecare Foundation, 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 my minor child 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 my minor child at the event for any purpose. Registration for minors will be accepted only with a parent/guardian signature and should be signed by the minor as well.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(for youth under 18)

Date: \_\_\_\_\_

**THANK YOU FOR YOUR GENEROUS SUPPORT!**