



# 13TH ANNUAL HIKE FOR HOSPICE - YOUR WAY!

## Participation Registration & Waiver Form

Please complete, sign and return via email by June 15th to [info@hospicefredericton.ca](mailto:info@hospicefredericton.ca) or drop off or mail to Hospice Fredericton, 621 Churchill Row, Fredericton, NB E3B 1P5



Hiker Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**TEAM NAME (if applicable):** \_\_\_\_\_

- Please make cheques payable to Hospice Fredericton.
- Charitable tax receipts are issued for \$20 and over.
- For additional forms contact (506)-470-1608.
- Submit donor sheets with all donation funds to your team captain.
- The team captain is asked to return pledge form and monies collected.
- You can also donate online at [www.hospicefredericton.ca](http://www.hospicefredericton.ca)



Pledge donations are easy! Just ask your friends, colleagues, neighbours and loved ones. You'll be surprised how quickly and easily the donations add up...



**Media Agreement:** Your signature provides permission for Hospice Fredericton and its agents to gather and use photos, audio or video of your participation in Hike for Hospice on our webpage, social media sites or other promotional materials for Hospice Fredericton from time to time. This consent will remain in perpetuity.

**Liability Agreement:** As a Hike for Hospice participant, I agree to indemnify and hold Hospice Fredericton harmless from any and all liability (personal, physical or financial) related to the operation and hosting of the Hike for Hospice fundraising event.

**Name:** \_\_\_\_\_ **X** \_\_\_\_\_ **Age** (if under 16): \_\_\_\_\_  
Print Name Clearly Signature or legal guardian if under 16