



REGISTRATION FORM

Email to: events@hospicevaughan.com
 T: (905) 850-6266 Ext. 201 F: (905) 850-7987



PARTICIPANT INFORMATION (print clearly)

First Name: _____ Last Name: _____

Address: _____

Contact Phone: _____ E-mail: _____

TEAM MEMBERS (if applicable):

Name:

E-mail Address:

REGISTRATION OPTION (check correct option below)

- \$30 Individual Registration - Single Participant
- \$25 Per Person for Groups of 4 or More
- Children 12 and Under Free

Raise \$100 or more per participant and registration fee is waived

PAYMENT METHOD

AMOUNT ENCLOSED: \$ _____

- Cheque Cash Credit: Visa / MC
(payable to Hospice Vaughan)

Name on Card: _____

Card No: _____

Expiry: ____/____ CSV: _____

Signature: _____

WAIVER & RELEASE OF LIABILITY:

I hereby give my permission to Hospice Vaughan to use or authorize use of photographs, videos, sound recordings or any record of my participation for any purpose without remuneration. I am participating at my own risk and waive all claims of every nature against the organizers, officials, sponsors and any other participating agencies in respect to activities. I also fully understand the rigors of such event and I have prepared myself physically for the walk. I, the undersigned, have read the above waiver and I willingly waive, release and discharge any and all liability by signing it. I represent that I am at least 18 years of age, or am agreeing on behalf of my child or ward, have read and understood the foregoing statement, and am competent to execute this agreement.

Signature: _____ Guardian Name (if under 18 years): _____

Date: _____ Guardian Signature: _____

Event Details: Sunday, May 27, 2018

Doctor McLean District Park

Registration: 9:30 a.m. Walk: 11:00 a.m. Lunch: 12 noon

ALL PROCEEDS RAISED IN SUPPORT OF HOSPICE VAUGHAN.

