HIKE FOR HOSPICE VAUGHAN

WALK • HIKE • DONATE

REGISTRATION FORM

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

HOSPICE VAUGHAN

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 26, 2019

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.

PLEDGE FORM

I/we _____ are participating in the Hike for Hospice Vaughan on May 26th 2019. All proceeds will be directly donated to Hospice Vaughan for their complimentary health and wellness services, and in support of the new 10-bed residential Hospice they are building. You can sponsor me for any amount that you are willing to contribute. If sponsoring by cheque, please make payable to **Hospice Vaughan**. All contributions are tax-deductible.

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PLEDGE FORM

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