

Sunday, May 4, 2014
 9:30 a.m. - registration opens
 11:00 a.m. – hike/walk begins



12th annual Toronto Hike for Hospice

5 KM hike / 2 KM walk

Registration and Waiver form

Location: Riverdale Park West in Cabbagetown, Toronto
 (Located at Carlton Street and Sumach Street)

PLEASE REGISTER AND SIGN THE WAIVER BELOW. (Note: Mandatory for all participants). Return via email to INFO@philipazizcentre.ca or mail to 558 Gerrard Street East, Toronto, ON M4M 1X8. Cheques should be made payable to Philip Aziz Centre or Emily’s House. You may also bring this form to our booth on event day.

First Name:			
Last Name:			
Address:			
City:		Postal Code:	
E-mail Address:			
Telephone:			
Card holder’s name:			
Credit card type:			
Credit card number:		Expire date:	

WAIVER- please carefully review the following waiver. You must agree to the terms and conditions below in order to participate in this event.

I, _____, agree that at all times during Hike for Hospice and associated events (“the Hike”) my safety remains my sole responsibility. I will discontinue my participation in the Hike if it is determined by medical personnel at any time that I am physically unfit to continue. I am aware of the risks inherent in participating in the Hike and assume all such risks. I give full permission for the use of my name and photography by any of the Parties (as defined below) in connection with the Hike. In consideration of the acceptance of my application to participate as an entrant in the Hike, I, for myself, my heirs, administrators, and legal representatives, release, waive and forever discharge all claims, demands, damages, costs, and expenses, in respect of death, injury, loss, or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event and notwithstanding that some may have been contributed to by the negligence of any of the Parties. I further undertake to hold and save harmless and agree to indemnify all of the Parties from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the event. I shall submit all collected pledges to Hike for Hospice. The term “Parties” means Philip Aziz Centre for Hospice Care, and all other associations, bodies, and sponsoring companies with an interest in the Hike, and their respective agents, officials, servants, representatives, volunteers, and successors. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREED TO THE ABOVE. A SIGNATURE WILL BE REQUIRED ON WALK DAY BY A PARENT/GUARDIAN IF YOU ARE UNDER 18 YEARS OF AGE.

 Name (please print)

 Signature (of participant or guardian)

 Date



Philip Aziz Centre/Emily’s House Charitable Registration # BN 89422 8063 RR0001
 Tax receipts will be issued for donations of \$20 or more.

