

HIKE FOR HOSPICE NIAGARA DONATION/WAIVER FORM

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Donation/Waiver Form Sponsored by:



FOR OFFICE USE ONLY

Grand Total Cash \$ _____ Processed by: _____
 Grand Total Cheques \$ _____ Grand Total Online \$ _____

HIKER INFORMATION

CHOOSE PRIZE CATEGORY Child (12 & under) Youth (13-18) Adult (19+)

FULL NAME FIRST & LAST		
ADDRESS		
CITY	POSTAL CODE	PHONE
EMAIL	TEAM NAME	

Hike Date: Saturday, October 3, 2020 10:30 am
 Grantham Lions Club, 732 Niagara St., St. Catharines

PLEASE NOTE:

Make all cheques payable to **Hospice Niagara**.
 Official tax receipts will be issued for donations of \$20 or more. Tax receipts will be sent via email or mail providing information is legible and complete. Online donations receive an e-tax receipt.

Use one form per hiker

DO NOT RECORD ONLINE DONATIONS ON THIS FORM

DONOR	ADDRESS	CITY	POSTAL CODE	PLEASE COMPLETE EMAIL FOR TAX RECEIPT AND ENEWS SUBSCRIPTION	CASH \$	CHEQUE \$

WAIVER MUST BE SIGNED FOR REGISTRATION

I hereby agree and absolve and hold harmless Hospice Niagara, corporate sponsors, co-operating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in Hospice Niagara's HIKE FOR HOSPICE NIAGARA or any activities associated herewith. I hereby consent to and permit emergency treatment in the event of injury or illness. I also give full permission for use of my name and/or photo in connection with this event, and receive communications from Hospice Niagara. Enews subscribers may opt out of their subscription at any time.

Participant's Signature
 (or Guardian's Signature if under 18)

Date: October 3, 2020

TOTAL CASH (PER PAGE)	\$
TOTAL CHEQUE (PER PAGE)	\$
TOTAL SUBMITTED (PER PAGE)	\$