

# HIKE FOR HOSPICE NIAGARA DONATION/WAIVER FORM



## 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 - Saturday, October 17, 2020

### 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: \_\_\_\_\_

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