



HIKE FOR HEALTH 2019 Registration and Pledge Form

Name : _____ Age: _____

Address: _____

How many years have you participated in the Hike for Health? _____

Emergency Contact Name & Phone : _____

Registration Fees:

- | | |
|---|---|
| <input type="checkbox"/> HIKE 13 and over (\$25) | <input type="checkbox"/> Taco Bar & Craft Beer Tasting (\$20)
AGE OF MAJORITY ONLY |
| <input type="checkbox"/> HIKE Child- 12 and under (\$10) | <input type="checkbox"/> Fall Colours Photography Workshop (\$10) |

Payment Type:

- Cheque
 Cash

Pledges (if applicable)

Receipts can be issued for pledge amounts over \$25.00 (not including registration fee)

Name	Address	Pledge amount

Signature of participant (guardian if under 18)
(over for Liability Waiver – must be signed to participate)

Total Pledges: _____
Total \$ submitted: _____

Liability Waiver

2019 Hike for Health

In consideration of the acceptance of my application and the permission to participate as an entrant in the Hike For Health, I for myself, my heirs, executors, administrators, successors, and assigns hereby release, waive and forever discharge the event sponsors, promoters, organizers, the Township of Nipigon, Land of the Nipigon Waterways Development Association, the Township of Red Rock, and all from all claims, demands, damage, costs, expenses or loss to my person or property howsoever cause arising or arise by my participation in said athletic event. By submitting this registration form, I acknowledge having read, understood and agreed to the above waiver, release and indemnify, I have full knowledge of the risks involved in this event.

Release of Publicity and Privacy Rights

I agree to the use of my likeness, or a representation of my likeness (such as sketches or photographic adaptations), in materials developed by or on behalf of the Hike for Health, including posters, photographs, videos, films and multi-media products. I release Hike For Health and their licensees from all liability for any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness. I also agree that my likeness or representations of my likeness may be exhibited, shown or reproduced in any media, whether in Canada or elsewhere.

Date

Print Name

Signature

Date

Minor Name (s)

(children under 18 years of age must have a parent sign for them)

Please send me information on the Hike For Health and any related events.

Email:
