

Hike For Health 2020 - Registration Form

PO Box 728, Nipigon, ON, P0T 2J0

Name: _____ Age: _____

Address: _____
PO Box Street Community Province Postal Code

Name of parent or guardian if hiker is under the age of 18: _____

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

If you know the trail you plan to hike, name it here: _____

Registration Fees:

HIKE Adult (\$25)

HIKE Child - 12 and under (\$10)

Payment Type:

Cheque

Cash

Paypal <https://hikeforhealth.net/register-for-hike-for-health/>

LIABILITY WAIVER

2020 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 assignees 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, Singletrack Society Trails Association, Nor'Wester Voyageur Trail Club, Rendezvous Cross Country Ski Club, 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.

Photographs/Videos taken during Hike for Health events may be used for promotional purposes. In signing this form you acknowledge this fact and give permission for the committee to use images of your likeness taken during the event for promotional purposes in any media, in perpetuity.

Signature of participant (or parent or guardian if under 18)

Date