



2020 HIKE FOR HOSPICE REGISTRATION & PLEDGE FORM Sunday September 27, 2020 • 10:30AM

Name: _____ Daytime Phone Number: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ Phone: _____

Pledge Information (please print clearly and *include Postal Code*). Please make cheques payable to **THE DOROTHY LEY HOSPICE**. Please do not record or collect your online pledges on this form. I do not want to receive information about other Hospice events.

SUPPORTER'S NAME	MAILING ADDRESS	EMAIL ADDRESS	CITY	POSTAL CODE	DAYTIME PHONE NUMBER	AMOUNT PLEDGED	VERIFIED (STAFF USE ONLY)
John Hospice	3-170 Sherway Drive	hikerjohn@gmail.com	Toronto	M9C 1A6	416-626-0116	\$50	



Need another pledge form? Download one at www.dlhhike.org

The Waiver-The Dorothy Ley Hospice Hike For Hospice Agreement, Release and Indemnity. I AGREE that at all times during The Dorothy Ley Hospice Hike For Hospice event my safety remains my sole responsibility. In consideration of the acceptance of my registration form as an entrant in the Hike for Hospice, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE The Dorothy Ley Hospice, its staff and volunteers, the sponsors of this event, The City of Toronto OF AND FROM ALL claims, demands, damages, costs, expenses, actions, causes of action, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the event. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO IDEMNIFY all of the aforesaid from and against all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in this event. By submitting this entry, I acknowledge having read, understood and agreed to the above release, waiver and indemnity. I warrant that I am physically fit to participate in this event and grant permission for any photos that may be taken at the event to be used without compensation in any Hospice print or promotional materials such as but not limited to their website, annual report, brochures.

Signature: _____ Date: _____ Parent/Guardian Initials: _____