



5th Annual SRL K2 Ranch Hike & Walk for Hospice
June 16, 2019 • SRL K2 Ranch

INDIVIDUAL REGISTRATION

PLEASE PRINT CLEARLY

1. Name: _____

2. Address: _____
Street/PO Box City Postal Code

3. Email: _____ 4. Phone: _____

5. Registration Fee: \$ **20**

6. Would you like to make a donation? \$ _____ Would you like a tax receipt (for \$25 or more) Yes _____ No _____
Tax receipt will be sent by email

7. Total Payment: \$ _____
_____ Credit Card
_____ Debit Card
_____ Cheque payable to Hospice Society
_____ Cash

Office Use Only Received by _____

8. Please be sure to complete the Liability Waiver and Photo Consent Form attached below.

Thank You To Our Generous Local Sponsors

Gold



Fairmont & District
Lions Club

Bronze



**5th Annual SRL K2 Ranch
Hike & Walk for Hospice
Sunday, June 16, 2019**

1. LIABILITY WAIVER

I/we _____, hereby agree to indemnify and hold harmless the Hospice Society of the Columbia Valley, inclusive of (organizers, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on the behalf of the SRL K2 Ranch Hike & Walk for Hospice) and SRL K2 Ranch from any and all liability (personal, physical and/or financial including illness, personal injury or property loss) related in any way to the operation and hosting of, or my participation in, the SRL K2 Ranch Hike & Walk for Hospice public awareness and fundraising event held at the SRL K2 Ranch in the province of BC on Sunday, June 16, 2019, and I hereby waive any claims I may have against any of the aforementioned entities in connection with such awareness and fundraising event.

I represent that I am at least 19 years of age, or am signing on behalf of my child(ren) or ward(s), and have read and understand the foregoing statement, and am competent to execute this agreement.

Signature: _____

Name (print): _____ Date: _____

Name(s) of my child(ren) or ward(s) if signing on behalf of: _____

2. PHOTO CONSENT Photographing, Video-taping, Sharing of Images The work that is done by the Hospice Society of the Columbia Valley is a very important part of building safe, happy, healthy, sustainable communities. By photographing or video-taping members, volunteers and other persons participating in activities and events we create visible evidence of what we do. We use such images by displaying them from time to time in public presentations, on our social media sites, in reports and on displays. For this reason, we ask for you to allow us to share images from our June 16, 2019 SRL K2 Ranch Hike & Walk for Hospice public awareness and fundraising event and/or include them in our internal Photo Library.

Please print:

I/we _____
Member / Volunteer / Event Participant / Parent/Guardian if signing on behalf of my child(ren) or ward(s) under 19 years of age

will allow for all Hospice Society of the Columbia Valley staff including its directors, officers, agents, employees, volunteers, successors and assigns to:

- | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|
| 1. | photograph myself or my child | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. | video-tape myself or my child | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. | share photos or video-taping with other agencies and/or general public | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

I understand that my image may be edited or fixed and used in many ways, including but not limited to: film, slide, videotape, digital images/movies, photographs, voice recordings, posted on our websites or other social media, ads, data storage and archives.

This consent will remain valid for five (5) years from the date of signing. My consent can be withdrawn at any time by contacting Hospice Society of the Columbia Valley at 778-526-5143.

I represent that I am at least 19 years of age, or am signing on behalf of my child(ren) or ward(s), and have read and understand the foregoing statement, and am competent to execute this agreement.

Signature: _____

Name (print): _____ Date: _____

Name(s) of my child(ren) or ward(s) if signing on behalf of: _____