



Huron Shores Hospice

# Hike for Hospice

Saturday May 12th, 2018

*Hike for Hospice Kincardine is an event to Celebrate and Honour our loved ones in a special & meaningful way. All proceeds stay in Kincardine and will support the Huron Shores Hospice!*

Walk the beautiful trails near the Davidson Centre and help us reach our hike goal of **\$15,000!**

Prizes will be awarded to top contributors. BBQ (by donation) and activities for the kids.

### Event Schedule

|                            |                         |
|----------------------------|-------------------------|
| <b>When:</b>               | Saturday May 12th, 2018 |
| <b>Registration:</b>       | 9:30 to 10:00am         |
| <b>Welcome and Warm Up</b> | 10:00 to 10:30am        |
| <b>Hike</b>                | 10:30am to 12:00pm      |

Your pledge will help us raise funds and awareness for the free hospice programs & services. **100% of all funds raised stay in our community!**

Please bring this pledge form and monies to the **Davidson Centre** on Saturday May 12th, or contact [info@huronshoreshospice.ca](mailto:info@huronshoreshospice.ca) to arrange drop off.

**Please make all cheques payable to Huron Shores Hospice.**

### Participant Waiver

#### WAIVER MUST BE SIGNED BY HIKER

In signing this release, I acknowledge that I understand the intent thereof, and I hereby agree to absolve and hold harmless Huron Shores Hospice corporate sponsors, cooperating organizations and any other parties connected with this event in any way, singularly, collectively, from and against blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation in the 2018 Hike for Hospice Kincardine, or any activities associated therewith. 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, photo, and video in connection with this event, and to receive email updates about events and programs.

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Hiker

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Parent/Guardian if hiker is under 18 years of age



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# Hike for Hospice

|                                 |  |                                 |  |
|---------------------------------|--|---------------------------------|--|
| <b>I am Hiking in Memory Of</b> |  | <b>I am Hiking in Honour Of</b> |  |
|---------------------------------|--|---------------------------------|--|

|                  |                 |              |               |
|------------------|-----------------|--------------|---------------|
| Participant Name | Mailing Address | Phone Number | Email Address |
|------------------|-----------------|--------------|---------------|

|                      |                      |            |
|----------------------|----------------------|------------|
| I am part of a team: | Team Captain's Name: | Team Name: |
|----------------------|----------------------|------------|

| Donor Name | Mailing Address | Phone Number | Email Address | Pledge Amount | Paid (Y/N) | Tax Receipt Required |
|------------|-----------------|--------------|---------------|---------------|------------|----------------------|
|            |                 |              |               | \$            |            |                      |
|            |                 |              |               | \$            |            |                      |
|            |                 |              |               | \$            |            |                      |
|            |                 |              |               | \$            |            |                      |
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|            |                 |              |               | \$            |            |                      |
|            |                 |              |               | \$            |            |                      |
|            |                 |              |               | \$            |            |                      |

**\*IMPORTANT:** Charitable tax receipts will be issued for all donations of **\$20.00 or greater**. To receive a tax receipt, full name, email and mailing address (including postal code) must be provided. Please note that all tax receipts will be emailed.

**Need another pledge sheet? Awesome! Download available from our website: [www.huronshoreshospice.ca](http://www.huronshoreshospice.ca).**

Charitable Business Number: 751689092RR0001