



# HIKE FOR HEART

- Please complete the information below
- Remember to sign and date the waiver section of the form
- Submit your registration form in the return envelope provided

Personal Information

Team Name: \_\_\_\_\_ Will you be over 18 years old on event day? YES  NO

M \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

I give St. Mary's General Hospital Foundation permission to contact me via email. YES

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: (    ) \_\_\_\_\_

Preferred t-shirt size:  Jr.  Sm.  Med.  Lg.  XL  XXL ***(For Cardiac Alumni Members Only)***

## Safety first

Remember, your safety and the safety of any children accompanying you, is your responsibility. Have fun but stay safe! Walking routes will be well marked and supported by route marshals.

## Agreement, Release, Waiver and Indemnity, the Hike for Heart – please read carefully.

I agree:

1. That at all times during the Hike for Heart, my safety remains my sole responsibility and, if walking, I will observe the rules of the road; and
2. I further agree to assume full responsibility for the actions and safety of any child or minor accompanying me; and
3. If volunteering, I will not participate in or promote unsafe practices. If my activities involve supervision of walkers, I will promote safe practices and adherence to the applicable traffic laws; and
5. That I will discontinue participating in the Hike for Heart if it is determined by authorized medical personnel at any time that I am physically unable to continue; and
6. That I am aware of the risks inherent in participating in the Hike for Heart and assume all such risks; and
7. That the Hike for Heart will proceed, rain or shine, and no refunds of registration fees will be made for bad weather.

IN CONSIDERATION of the acceptance of my application and permission to participate as an entrant in the Hike for Heart and after event activities, I for myself, my heirs, executors, administrators, successors and assigns **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE St. Mary's General Hospital, the St. Mary's General Hospital Foundation, Corporation of the City of Waterloo, Laurel Creek Conservation Area, Waterloo Regional Police, and all other associations and sponsoring companies and all their respective agents, officials, servants, representatives, successors and assigns** OF AND FROM ALL claims, demands, damages, costs, expenses, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by my participation in the said event, whether as a spectator, competitor, volunteer or otherwise; notwithstanding that any such damages, loss, etc, may have been contributed to by the negligence of any of the aforesaid.

I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS and TO AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by any and all of them arising as a result of or in any way connected to my participation in the said event.

BY SUBMITTING THIS REGISTRATION, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the AGREEMENT, RELEASE, WAIVER AND INDEMNITY below. If walking, I WARRANT that I am physically able to participate in this event.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(Parent/Guardian if under 18 years)