THE COMMUNITY HOSPICE FOUNDATION

WALK FOR HOSPICE

Registration Form

Complete the Registration Form and mail or fax to: 518-525-1315

How to start ...help us go green, register online!

You can register online by going to **www.walk4hospice.org**. Follow the user-friendly steps to create team and individual pages and make it easy for friends and family to contribute directly online.

Raise or donate $100 minimum per walker to be entered into a drawing for a Fitbit

Name of Walker _____

Address _____

City/State/Zip _____

E-mail _____ Phone (day) _____ Phone (other) _____

County (check which county you live in) ☐ Albany ☐ Columbia/Greene ☐ Montgomery ☐ Rensselaer ☐ Saratoga ☐ Schenectady ☐ Washington

☐ I am walking as an Individual

☐ I am walking as part of a team. Please send team paperwork by: ☐ mail ☐ e-mail

Team Type ☐Friends/Family ☐Corporate

Team Name _____ or Company Name _____

Ask your company to support you! Matching gifts double your donation.

Team Captain _____

☐ I am unable to participate but wish to donate $ _____

Registration Payment

Enclosed is my donation in the amount of $_____

Please make checks payable to **The Community Hospice** or we accept ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name as it appears on card (*please print)* _____

Card Number _____ Expiration Date _____

Signature _____

Waiver of Risk, Release and Permission *(Please read and sign)*

In consideration of being permitted in the Walk for Hospice to benefit The Community Hospice, I hereby assume any and all risks which may be associated with the event for myself, my heirs, and personal representatives. I further agree not to sue The Community Hospice, Siena College, employees, and/or all sponsors, board members, organizers, volunteers or other representatives, for any/all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. My permission is granted for the use of any photos, or recording of the event for any purpose.

Signature of Walker _____ Date _____

Parents Signature (*If participant is under 18)* _____ Date _____

Call 518-482-4433 or e-mail info@walk4hospice.org with any questions.

Walk for Hospice, 310 South Manning Boulevard • Albany, NY 12208 • Phone: 518-482-4433 Fax: 518-525-1315