



Sunday May 6, 2018

Holy Trinity Catholic School

6610 – 57 Street, Olds, Alberta

Registration 8:45 am

Welcome Ceremonies: 9:30 am

Start: 10:00 am

Rain or Shine

Run, Walk, or Wheel along trails in Olds

1km or 5km

**Register and Collect Your Pledges
as an individual or a team/family**
**Minimum pledges:
Individual \$25 or Family \$50**

For information call

403-559-7214

For more information contact your local Hike site or the National Information Line: 1-800-668-2785 or visit www.chpca-acsp.org/hike

Participants: Please **PRINT NAME CLEARLY** and sign after reading the agreement. **Media Agreement:** By signing, you give permission to Olds & District Hospice Society and its agents the right to photograph, film and videotape or audiotape your participation in this event without remuneration or liability (“Representations”). Such Representations, whether in their original form or as reasonably modified by Olds & District Hospice Society, may be used on the Olds & District Hospice Society website, Olds & District News and Events Page on Facebook or in any other promotional or educational materials for Olds & District Hospice Society from time to time. To the maximum extent permitted by law, the foregoing consent will remain in perpetuity once Representations have been made and published, broadcast or provided to media outlets. I represent that I am at least 18 years of age or am signing on behalf of my child or ward and have read and understand the foregoing statement and am competent to execute this agreement. **Liability Agreement:** I hereby agree to indemnify and hold Olds & District Hospice Society harmless from any and all liability (personal, physical and/or financial) related to the operation and hosting of (including my participation in) the Hike for Hospice awareness and fundraising event to be held in the town of Olds in the province of Alberta. This event is scheduled to take place on Sunday May 6, 2018.

Name: _____

(PLEASE PRINT CLEARLY & IN FULL)

Date: _____

Name(s) of Child(ren) if signing on behalf of:

Address: _____

Phone: _____

Email: _____

Signature: _____

Do you wish to receive our newsletter (3 editions per year)?

Yes _____ No _____

Do you wish to have your receipt emailed? Yes _____ No _____

**ALL HIKERS MUST PRESENT SIGNED
WAIVER WHEN REGISTERING!**



Come hike with us!

SUNDAY, May 6, 2018

What's Happening?

This spring, people across Canada will gather pledges and then Hike to raise public awareness for hospice palliative care. This major fundraising initiative will help advance the hospice palliative care initiatives in your local community.

What is Hospice Palliative Care?

Hospice palliative care provides physical, psychological, social, spiritual and practical support to people living with life-threatening illness, their loved ones and the bereaved.

Why Hike?

- 80% of Canadians say they want quality hospice at the end of life, yet less than 15% have access to it.
- Hospice palliative care is currently underfunded and under-recognized.

Team Up!

Form a team and Hike with friends, family or coworkers. Simply designate a team captain, choose a team name and have a ton of fun together!

100% of all funds raised in our community stay in our community!



**Olds and District
HOSPICE
SOCIETY**

Help people live until they die

Please bring this pledge form and your pledges to the CHECK-IN DESK on Hike day.
ALL HIKERS MUST PRESENT SIGNED WAIVER WHEN REGISTERING!

Make cheques payable to: **Olds & District Hospice Society**

Mailing Address: PO Box 4231, Olds, AB T4H 1P8

Office Address: 4920 – 50 Avenue, Olds, AB

Charitable Business Number: 83517 7403 RR0001

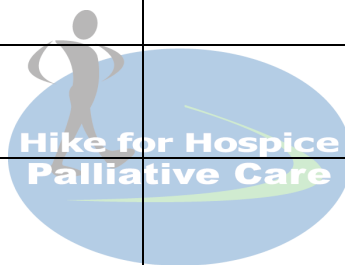
Charitable tax receipts will be issued for donations \$25.00 and over if accurate legible information is obtained



Help people live until they die

DATE OF HIKE for HOSPICE: SUNDAY, May 6, 2018

Sponsor Name (In Full)	Street Address City & Prov. & Postal Code	Telephone	Email for Tax Receipts	Permission for Hike Infor -Yes or No	Amount Donated	Cash or Cheque



I cannot attend the hike, please accept my donation of \$_____. Please fill in the above information.