



REGISTRATION FORM

All participants, including children, must register individually. All registrants who are part of a team must also sign up individually and indicate their desired team name. Registration is open until the event day—to guarantee an event t-shirt please register by **Monday, August 19th**.

Registration Fees:

Adults: \$25 — Children (12 & under): donations accepted

Participant Information:

First Name: _____ Last Name: _____

Will you be registering as part of a team? No Yes

Team Name (if applicable): _____

Email: _____ Phone Number: _____

Address: _____ City/State/Zip Code: _____

Adult T-Shirt Sizing: Small Medium Large XLarge XXL Large XXXLarge

Youth T-Shirt Sizing: Small Medium Large XLarge

\$ _____ Check Enclosed

Check if you wish for your sponsor to be billed. Please include sponsor details below:

Organization Name: _____

Address: _____ City/State/Zip Code: _____

Phone Number: _____

Walk for Hospice Media Release Statement & Waiver:

I hereby grant the Aroostook Hospice Foundation permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the Aroostook Hospice Foundation and will not be returned. I hereby irrevocably authorize the Aroostook Hospice Foundation to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the Aroostook Hospice Foundation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I have read and understand the above photo release. I am 18 years old or older and provide my consent or I am legal guardian of a registrant under the age of 18. I certify that by checking on the line below I acknowledge my understanding and assumption of the risks and my voluntary participation in the event.

Media consent

I hereby acknowledge that there could be a risk of personal injury, illness, possible loss of life, and risk of damage to or loss of personal property which may result from participating in this event. I confirm that I do not have a medical condition that could jeopardize my health or wellbeing during or after the event. I agree that I am participating in the Walk for Hospice at my own risk and hereby certify that Aroostook House of Comfort its employees or affiliates will not be held responsible or liable for any injuries, damage or loss of earnings caused during or after the event. I certify that by checking on the line below I acknowledge my understanding and assumption of the risks and my voluntary participation in the event.

I have read and agree to the terms of the above Waiver

Signature: _____

Please mail the completed form and your payment to:

Aroostook House of Comfort
Attn: Abbey Clair
PO Box 867
Presque Isle, ME 04769