Waiver and Photo Release Agreement

Address:		City/Province:
Postal Code:	Phone:	E-Mail:
Participants: Please p	rint name clearly and	sign after reading the agreement.
Breton, its directors, of liability (personal, phyparticipation in) the H	officers, members, en ysical and/or financial Hike for Hospice fundr	emnify and hold the Hospice Palliative Care Society of Cape apployees, agents and volunteers harmless from any and all prelated to the operation and hosting of (including my raising event, to be held in Coxheath, in the province of Nova 21 (rain date: October 3rd).
photograph, or video whether in their origi Hospice Cape Breton' promotional or educa extent permitted by I	record your participa nal form or as reason 's website, Facebook, ational materials for H aw, the foregoing cor	rmission to Hospice Cape Breton and its agents the right to tion in this event ("Representations"). Such Representations ably modified by Hospice Cape Breton, may be used on the Hospice Cape Breton YouTube Channel or in any other lospice Cape Breton from time to time. To the maximum asent will remain in perpetuity once Representations have rovided to media outlets.
Signature:		Date:

IMPORTANT: Return pledge sheet, pledges, and signed waiver form by Monday, September 27th, to the Hospice Cape Breton office at 1464 George Street, Sydney. Contact Alicia MacIntosh, Campaign Assistant, for any questions with regards to returning your pledges at 902-562-0662.



Emergency Contacts for Event: Jeanie McCharles (902-574-5745) Laurie Murchison (902-574-7136) Lisa Patterson (902-578-6709)

Participant's Name: