Seward Area HOSPICE
comfort | dignity | choice

HIKE FOR **HOSPICE**

REGISTRATION FORM

CONTACT INFORMATION

Name(s) _____

Mailing Address _____

Phone _____ Email _____

REGISTRATION FEE

Registration fee is **$25 per person**. Children under 12 are free. Number of hikers:_____

Please mail checks payable to Seward Area Hospice along with this form to PO Box 1331, Seward AK 99664.

EVENT WAIVER

In consideration of the acceptance of my entry, I acknowledge that I have read, understand, and agree to the following:
I know that running or hiking a trail is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decision of the organizers (Seward Area Hospice) relative to my ability to safely complete the event. I assume all risks associated with participating in this event, including but not limited to: falls, contact with other participants, the effect of the weather, traffic, wildlife and the conditions of the trail, all such risk being known and appreciated by me.

I hereby agree to indemnify and hold Seward Area Hospice staff and board, all volunteers, the City of Seward, and all those associated with the event, harmless from any and all claims or liability of any kind related to the operation and hosting of (including my participation in) the Hike for Hospice awareness and fundraising event, to be held at the Two Lakes Trail, on Saturday July 25, 2026, even though that liability may arise out of negligence or carelessness on the part of persons named in this application.
I permit my photograph, or likeness, to be used for any legitimate purpose.

☐ I have read and agree to the event waiver.

Signature _____ Date _____

Thank you for registering!

WE LOOK FORWARD TO SEEING YOU THERE!

Seward Area Hospice | 907 224 3051 | sewardareahospice.org