



Seward Area Hospice

HIKE FOR HOSPICE

R E G I S T R A T I O N F O R M

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 a check payable to Seward Area Hospice along with this form to PO Box 1331, Seward AK 99664 or hand in at our office, 907 3rd Avenue, Seward.

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 agree to comply with all current local, state, and federal recommendations for mitigating the spread of COVID-19 appropriate to this event.
I hereby agree to indemnify and hold Seward Area Hospice staff and board, all volunteers, the NFS, 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 on the Grayling Lake Trail in the Chugach National Forest Alaska, on Saturday July 23, 2022, 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!