



Quesnel & District Hospice Palliative Care Association

BOX 4537, QUESNEL, BC, V2J 3J8

PH: 250-985-5816 FAX: 250-992-5216

[www.QDHPCA.org](http://www.QDHPCA.org)

**QDHPCA Hike for Hospice**

**May 2-8, 2022**

**Hiker Registration Form**

**PARTICIPANT INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Province: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

**TEAM INFORMATION**

I am participating as part of a team

Team Name: \_\_\_\_\_

In Memory of: \_\_\_\_\_

Team Captain \_\_\_\_\_

Company/School Name: \_\_\_\_\_

Captain's email address: \_\_\_\_\_

Captain's phone number: \_\_\_\_\_  
\_\_\_\_\_

**Waiver/release:**

In consideration of my participation in the 2022 Virtual Hike for Hospice, I waive and release any and all claims that I and/or my heirs, executors, administrators, agents, insurers, assigns and other legal representatives have or may have against the Quesnel & District Hospice Palliative Care Association and its administrators, trustees, officers, directors, agents, employees, volunteers, successors, affiliates, sponsors, and other legal representatives, both present and future for any accident, injury, illness, in connection with the hike or the Quesnel & District Hospice Palliative Care Association including, but not limited to the purposes of marketing, promoting, or otherwise reporting relating to the Hike or the Quesnel & District Hospice Palliative Care Association

I am physically fit to participate in the Hike. I authorize the use of photos and digital videos showing my participation in the event, I have already read and understand and agree with the content of this waiver/release prior to participating in the Hike. If participant is under the age of majority, I confirm I am the parent/Guardian and sign the waiver/release on his or her behalf.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian/parent  
(if under the age of 19: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Total No. of Pages: \_\_\_\_\_ Total Cash \$ \_\_\_\_\_ Total Cheque \$ \_\_\_\_\_ GRAND Total \$ \_\_\_\_\_



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Team/Participant:

**PLEDGE DONATION INFORMATION**

Tax receipts will be issued for donations \$25 or more

Registered Canada Charity #119107753 RR0001

**Pledge Amount  
paid**

Name:		Please do NOT include online pledges on this form  Make cheques payable to QDHPCA <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> etransfer <a href="mailto:qdhpcquesnel@outlook.com">qdhpcquesnel@outlook.com</a>
Address:		
City:		
Province:	Postal Code	
Phone Number:		
Email:		

Name:		Please do NOT include online pledges on this form  Make cheques payable to QDHPCA <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> etransfer <a href="mailto:qdhpcquesnel@outlook.com">qdhpcquesnel@outlook.com</a>
Address:		
City:		
Province:	Postal Code	
Phone Number:		
Email:		

Name:		Please do NOT include online pledges on this form  Make cheques payable to QDHPCA <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> etransfer <a href="mailto:qdhpcquesnel@outlook.com">qdhpcquesnel@outlook.com</a>
Address:		
City:		
Province:	Postal Code	
Phone Number:		
Email:		

**FOR OFFICE USE ONLY:**

Total Cash \$ \_\_\_\_\_ Total Cheque \$ \_\_\_\_\_ PAGE Total \$ \_\_\_\_\_