



Walk For Hospice Registration Form

Register Online at www.walk4hospice.org

Complete the Registration Form below, and mail or fax to Hospice
no later than one week before the Walk.

How to start...help us go green, register online!

You can register online by going to www.walk4hospice.org. Follow the user-friendly steps to create team and individual pages and make it easy for friends and family to contribute directly online.

Raise or donate \$75 minimum per walker.

Name of Walker _____

Address _____

City/State/Zip _____

E-mail _____ Phone (day) _____ Phone (evening) _____

County (check which county you live in) ☐ Albany ☐ Montgomery ☐ Columbia/Greene ☐ Rensselaer ☐ Saratoga
☐ Schenectady ☐ Washington

☐ I am walking as an Individual

☐ I am walking as part of a Team. Please ☐ mail ☐ email Team paperwork

Team Type ☐ Friends/Family ☐ Corporate

Team Name _____ or Company Name _____

Team Captain _____

☐ I am unable to participate but wish to donate \$ _____

Get the T-Shirt! (For walkers raising at least \$75)

☐ Sm ☐ Med ☐ Lrg ☐ XLrg ☐ XXLrg

Ask your company to support you! Matching gifts double your donation.

Registration Payment

Enclosed is my donation in the amount of \$ _____ (\$75 minimum per walker/ages 16 and up. \$20 per walker/ages 5-15. No charge for children under 5.)

Please make check payable to **The Community Hospice** or we accept ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name as it appears on card (please print) _____

Card Number _____ Expiration Date _____

Signature _____

Waiver of Risk, Release and Permission (Please read and sign)

In consideration of being permitted to participate in the Walk for Hospice to benefit The Community Hospice, I hereby assume any and all risks which may be associated with the event for myself, my heirs, and personal representatives. I further agree not to sue The Community Hospice, Siena College, Dinosaur Bar-B-Que, its employees, and/or all sponsors, board members, organizers, volunteers or other representatives, for any/all injuries or damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. My permission is granted for the use of any photos, film, or videotape of the event for any purpose.

Signature of Walker _____ Date _____

Parent Signature (If participant is under 18) _____ Date _____

**Call 518-377-8846 or email walkforhospice@communityhospice.org
for more information.**

The Community Hospice Foundation, 295 Valley View Blvd., Rensselaer, NY 12144 • Fax: 518-285-8193

