



**6KM Run for Hope – Fun Run Registration Form**  
Saturday, May 28, 2022 Sir Winston Churchill Park  
Registration 9 am – 10 am Warm up @ 9:45 am Run Starts @ 10 am

**Entry Fees: \$20 per Individual \$50 per Family/Group of 5 Children 10 & under Free**  
**Registration Fees are waived upon Trip Sponsorship equivalent to \$250**

Name: \_\_\_\_\_ Adult  Child   
First Name Last Name

Are you part of a group? Y or N Group Name \_\_\_\_\_

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

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

Phones #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

**Additional Group Members Registration Form**

Name: \_\_\_\_\_ Adult  Child   
First Name Last Name

Name: \_\_\_\_\_ Adult  Child   
First Name Last Name

Name: \_\_\_\_\_ Adult  Child   
First Name Last Name

Name: \_\_\_\_\_ Adult  Child   
First Name Last Name

**HOW DID YOU HEAR ABOUT OUR ROAD TO HOPE – RUN FOR HOPE?**

Newspaper  Radio  Social Media  Website  Other \_\_\_\_\_

**Waiver of Liability, Assumption of Risks  
and Release Agreement (the “Agreement”)**

**DISCLAIMER CLAUSE**

The Road to Hope Community Support Foundation (“RTHCSF”), its directors, officers, employees, volunteers, and agents (hereinafter referred to as the “Releasees”) are not responsible for any death, injury, loss, or damage of any kind suffered by any person during participation in the Road to Hope - Run for Hope (the “Program”) and all related activities of the Program, including injury, loss or damage that might be caused by the negligence of the Releasees.

**RELEASE OF LIABILITY AND WAIVER OF CLAIMS**

I agree to waive any and all claims that I have or may in the future have against the Releasees and to release the Releasees from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, as a result of my participation in the Program. I freely and voluntarily accept those and all other risks arising from the Program, including the risk of serious bodily injury, illness, death, and property damage. I confirm that I am of the age of majority and that I have had ample time to read this Release Agreement, and have understood its terms, intending it to be binding upon my heirs, executors and assigns and all members of my family.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022**  
**Name of Participant \_\_\_\_\_**  
**Signature of Participant \_\_\_\_\_**

**FOR PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF 18:**

By signing this document, I acknowledge that I understand the terms and conditions of the Program and am aware of the risks, hazards and dangers associated with it; I fully understand the terms of this Agreement, which I have discussed with the participant, and I, for myself, and on behalf of the Participant, consent to the Participant participating in the Program and I accept all of the terms of this Agreement, intending this document and its terms to be binding upon me, upon the participant, and upon his/her heirs, executors and assigns and all members of his/her family, as well as my own. I have legal authority to act on the participant’s behalf in signing this Agreement.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022**  
**Name of Participant(s) \_\_\_\_\_**  
**Name of Parent/Guardian (in print) \_\_\_\_\_**  
**Parent’s/Guardian’s Signature \_\_\_\_\_**

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**COMPLETED BY REGISTRATION STAFF:**

Pledges  Cheque  Cash  Amount Paid \_\_\_\_\_