

# REGISTRATION FORM

All Hiking teams must register.

To register, complete this form and mail to:

Sacred Portion Children's Outreach, P.O. box 11486, Bozeman, 59719

If Part of a HIKING TEAM please fill in:

Team Leader:

\_\_\_\_\_

Team/Group Name:

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Additional family members participating:

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

## Please read and sign below:

In accepting my and/or my dependent's participating in the **Hike for Hope I**, the undersigned, release and hold harmless The Sacred Portion Children's Outreach, the cities and counties where the walk is domiciled, Start to Finish, and all of their sponsors, affiliates, agents, servants, employees, volunteers, assigns, successors and heirs and all officials concerned for all acts, omissions or negligence which may result in any bodily injury (including death) and/or property loss or damage incurred by me arising out of or in connections with my and/or my dependent's participation in this event. This waiver extends to all claims of any kind and nature whatsoever, whether known or unknown. Furthermore, I permit and grant to the event promoters full and exclusive rights to record my performance on film, videotape, photographs, motion pictures, recording or any other record for legitimate purposes without compensation to me.

X \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Legal Guardian (*must be signed if walker/runner is under 18 years old*)

\_\_\_\_\_  
Date