

HIKER REGISTRATION, DONATION FORM AND WAIVER



_____ Individual Hiker _____ Team (Team Name _____)

Amount Enclosed \$ _____ _____ Check _____ Cash _____ Credit Card

_____ Visa _____ Master Card _____ American Express

Credit Card Number: _____ Exp. Date: _____ CCV Code: _____

Signature to authorize transaction: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email Address: _____

Waiver: I hereby waive all claims against Safe Haven Family Shelter and event sponsors and personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event (including on social media). I am aware that this is a release of liability and a contract between me and the person and entities mentioned above, and I accept of my own free will.

Signature: _____ Date: _____