



HOMELESS NIGHT CHALLENGE



Registration Form

TEAM FUNDRAISING GOAL: _____

I WOULD LIKE TO REGISTER TO PARTICIPATE AS A (check all that apply):

Team Captain Participant Volunteer

Team Name (or Captain Name): _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

I would like to sign up for Hope Awaits monthly newsletter email list

Hope Awaits Ministries Event Waiver:

1. I (referred to hereinafter as the "Participant") understand the inherent risks to participating in The Homeless Night Challenge and assume all risks for personal safety;
2. I agree to obey all laws and agree to wear all safety equipment (as required)
3. I will co-operate fully with the event organizers, including stopping my participation if requested to do so;
4. I confirm that I am in proper physical and emotional condition to participate in this event
5. In consideration of the acceptance of my participation in the event, I, for myself, my heirs, executors, administrators, successors and assigns waive any claims to which I may become entitled for injury or damage or other liability regardless of cause and release Hope Awaits Ministries and all other organizers, sponsors, representatives, their agents and employees and any other persons or organization assisting in this event from any claims for damages or injury suffered by me as a result of my participation in or traveling to or from this event;
6. I give my permission to Hope Awaits Ministries to use my name and picture in broadcast, telecast, internet, mediate or written account of this event;
7. Hope Awaits Ministries is not responsible for any lost or stolen items;
8. All participants must be 16 years of age or older.

I accept the terms of my participation in this event

Print Name: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

(Required if participant is under the age of 18)