







10KRUN • 5KRUN/WALK • FAMILYWALK
KANAKA CREEK REGIONAL PARK





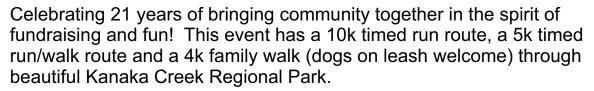






REGISTER NOW www.vistasrun.com

About the Vistas Run & Walk





The Vistas Run & Walk is the single largest fundraiser for the Ridge Meadows Hospice Society. Proceeds provide emotional, compassionate and companion support for individuals with a life-limiting illness or those who are coping with the loss of a loved one.









INDIVIDUAL AND FAMILY WALK REGISTRATION FORM

REGISTRATION F	OR 5K OR 10	K									
First Name:				Last Name:							
Address:				City/Province:							
Postal Code:				Phone Numbe	r:						
*Email:											
Route:	5k	10	0k								
Gender:				Age on Race D	ay:						
Student		\$20	\$_								
Early Bird (till Ma	y 13 th)	\$35	\$_								
Pre-Race Day		\$40	\$_								
On Race Day		\$45	\$_	·							
OPTIONAL PURC	HASE										
Race day shirt		\$20	\$								
Race T-Shirt	XS	S		ML		XL					
Size:											
REGISTRATION F	OR FAMILY V	VALK									
Family Name:											
Address:				City/Province:							
Postal Code:				Phone Numbe	r:						
*Email:											
# of family participants											
Family Walk		\$35	\$_	·							

Family walk registration fee is valid for up to 2 adults and 4 minors from the same household

SECTION 2: WAIVER

This must be signed by all participants (if participant is under 19 a parent/guardian must sign)

In consideration of the Vistas Run and its sponsors accepting this entry, I hereby waive for myself, my heirs, executors and administrators, waive and release any and all rights and claim for damages sustained by me as a result of this run, for any cause whatsoever, including negligence. It is expressly understood by the undersigned that this run is entered into at the sole risk of the undersigned and that the organizers and sponsors of the run are exempt from liability for any and all damages sustained and any and all injury and loss, including personal and property loss arising from any cause whatsoever, including negligence. I agree to allow my participation photo to be used in future marketing materials associated with future Vista Runs.

I have read and agree to the waiver terms.

Signature:	Date:	
Additional signatures are required for all family walk participants Family member name:		
Signature:	Date:	
Family member name:		
Signature:	Date:	
Family member name:		
Signature:	Date:	
Family member name:		
Signature:	Date:	
Family member name:		
Signature:	Date:	

- Send this form to events@ridgemeadowshospice.org or fax to 604-463-6358
- Payment can be made by cheque (payable to "Ridge Meadows Hospice Society") dropped off at our office 102-22320 119th Avenue, Maple Ridge or mailed to: PO Box 11 Maple Ridge BC V2X 7E9
- Visa payments can be made via phone at 604-463-7722
- Debit payments can be made at our office 102-22320 119th Avenue (M-F 8:30am 4:30pm)

Thank you for your support!

For questions please contact our office at 604-463-7722 or email events@ridgemeadowshospice.org

^{*}for communication related to Vistas Run All-Star participation only unless consent has been previously provided









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Please ensure all pledges are collected in full and turned in with the pledge sheet. Tax receipts will be issued for pledges of \$20 or more. The Ridge Meadows Hospice Society and its corporate sponsors take no responsibility for pledges and pledge sheets not turned in.

First Name	Last Name	Address	Postal Code	Pledge Amount	Paid

All pledges support the Ridge Meadows Hospice Society in providing emotional, compassionate and companion support for individuals with a life-limiting illness and grief support for community members coping with the loss of a loved one.

