

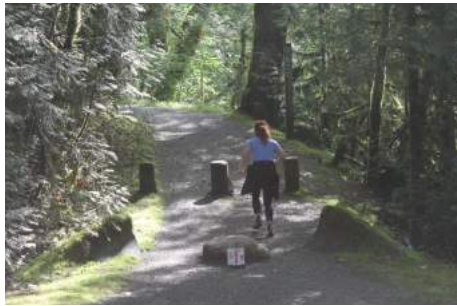
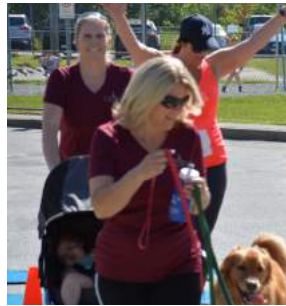


21st ANNUAL VISTASRUN

MAY 27, 2018



10K RUN • 5K RUN/WALK • FAMILY WALK
KANAKA CREEK REGIONAL PARK



REGISTER NOW
www.vistasrun.com

Celebrating 21 years of bringing community together in the spirit of fundraising and fun!
This event has a 10k timed run route, a 5k timed run/walk route and a 4k family walk
(dogs on leash welcome) through beautiful Kanaka Creek Regional Park.

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.



Ridge Meadows
Hospice Society

Grief has no timeline

Media sponsors



Event sponsorship opportunities available - call Michelle at 604-463-7722
or email events@ridgemedowshospice.org



INDIVIDUAL AND FAMILY WALK REGISTRATION FORM

REGISTRATION FOR 5K OR 10K

First Name: _____ **Last Name:** _____

Address: _____ **City/Province:** _____

Postal Code: _____ **Phone Number:** _____

***Email:** _____

Route: _____ 5k _____ 10k

Gender: _____ **Age on Race Day:** _____

Student	\$20	\$ _____
Early Bird (till May 13 th)	\$35	\$ _____
Pre-Race Day	\$40	\$ _____
On Race Day	\$45	\$ _____

OPTIONAL PURCHASE

Race day shirt \$20 \$ _____

Race T-Shirt _____ XS _____ S _____ M _____ L _____ XL
Size: _____

REGISTRATION FOR FAMILY WALK

Family Name: _____

Address: _____ **City/Province:** _____

Postal Code: _____ **Phone Number:** _____

***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@ridgemeanowshospice.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@ridgemeanowshospice.org

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



PLEDGE SHEET
INDIVIDUAL / ALL-STAR / TEAM NAME

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.