



WAIVER SIGN OFF

By signing below, I, as a participant in the Hike for Hospice 2024, on behalf of myself and/or my minor child, acknowledge and accept the inherent risks associated with this event. I hereby waive, release, and discharge any claims against Jessica's House Hospice, along with their officers, board of directors, employees, sponsors, organizers, volunteers, or representatives, for any injuries or damages sustained by myself and/or my minor child during the event or related activities. Additionally, I grant permission for the use of any photographs, films, or videos taken of myself and/or my child for marketing purposes. By agreeing to this waiver, I confirm that I have comprehended its contents and agree to its terms.

Signature

Date