

# WATERFRONT

## WALK FOR HOSPICE

OF NORTH OTTAWA COMMUNITY

**WAIVER:** By clicking on the waiver box in the registration form, I acknowledge that I am physically fit and sufficiently trained to participate in this event, that I have full knowledge of the risks involved in this event, and that I release and discharge Hospice of North Ottawa Community, North Ottawa Community Health System, City of Grand Haven and all other sponsors and volunteers from liability for all claims of damages, demands, and actions whatsoever in any manner arising or growing out of my participation in this event.

Photography Consent and Waiver: I acknowledge that I also unconditionally grant Hospice of North Ottawa Community and North Ottawa Community Health System my permission to publish any photography that I am in for event promotion and marketing, and waive all rights associated with all photographs.