



Thursday, July 16, 2015

4-7 pm

Eldorado Canyon State Park

Guided & Self-Guided Hikes

Registration Fees:

* All registrations come with a park pass!

Adults (16 and up): \$30

Youth: (5-15): \$15

Children under 5: Free

Family Max: \$60

TRU Hospice has been using hiking for years as a form of support to help those who are grieving.

Now, you are invited to the inaugural

TRU Hike for Hospice *to benefit TRU Grief Support Services*

You can join us for...

a variety of family-friendly hikes for all abilities

a shared experience with others who know how important hospice and grief support are in our community

*a sense of accomplishment as we hike to **raise funds** to help TRU's Grief Support Services which are delivered to more than 2,500 individuals of all ages each year*

www.trucare.org 303.449.7740



TRU Hike for Hospice Registration Form

Each participant must fill out an individual entry form & sign waiver

Name: _____ Male Female

Age participant will be on 7/16/2015: _____ Email: _____

Address: _____

City, State, Zip: _____ Phone: (____) _____

Entry Fee Enclosed: _____ @\$30 Adult (16 & up)
_____ @ \$15 Youth (15 & Under)
_____ @ Free Child (5 & Under)

Additional Donation: \$ _____

Total: \$ _____

Payment: Cash Check* Credit Card

**Please make checks payable to TRU Community Care*

Credit Card Number: _____

Exp: __/__/__ CVV Code: _____ Signature: _____

Please read & sign the liability waiver below:

I understand there are certain risks involved with participating in any recreational activity. I expressly understand, agree that neither TRU Community Care, all sponsors, volunteers, vendors of the event, shall be held responsible or made subject to any claims, including any claim for negligence seeking to assess damages or liability for or arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and/or my child, hereby agree to HOLD TRU COMMUNITY CARE, ITS EMPLOYEES, AND VOLUNTEERS HARMLESS ON ACCOUNT OF ANY SUCH CLAIM. **Photograph Release:** I give permission to publish photographs of myself and my child/ward for organizational purposes.

Printed Name of Participant/Parent/Guardian

Printed Name of Minor Child

Signature of Participant/Parent/Guardian

Date

Please return all completed registration forms to:

TRU Community Care • 2594 Trailridge Drive East • Lafayette, CO 80026 • Fax: 303.604.5393