



2024 Team Registration

Please return this form to Alicia Mayhew at aliciam@bangorareashelter.org.
Forms can also be dropped off or mailed to the shelter at: 263 Main St, Bangor ME 04401

Checks can be made out to: Bangor Area Homeless Shelter. Be sure to note Hike in the memo line.

Hike for the Homeless Participation Waiver

By adding my signature below (or that of my parent or legal guardian if I am a minor under the age of 18), I wish to participate in the Hike for the Homeless and I agree to honor and respect all requests and conditions presented by the Bangor Area Homeless Shelter (BAHS) and "Hike Organizers" I am a voluntary participant and in good physical condition. I assume all risks associated with participating in this event including but not limited to falls, contact with other participants, the effects of the weather, traffic and conditions of the event route, uneven ground and footing; with all such risks being understood and appreciated by me.

Having read the waiver and understanding these facts, and in consideration for being permitted to participate in this event, I release, indemnify, and hold harmless Bangor Area Homeless Shelter, Inc., its employees, agents, officers, directors, successors, assigns, and representatives, including volunteers and sponsors, (collectively "Releases") from any and all claims (including any claims on account of injury or death) whether caused by the negligence of the Releases or otherwise, which may be asserted by me or on behalf of me, arising from or related to, either directly or indirectly, my participation in this event.

I hereby grant the Bangor Area Homeless Shelter the right and permission to publish, without charge, photographs of me, or my child if participant is under age 18, taken at the Hike for the Homeless on April 06, 2024. These photographs may be used in publications, including electronic publications or in audiovisual presentations, promotional literature, advertising or in other similar ways.

TEAM NAME: _____ Team Captain: _____

Phone/Cell: _____ Email: _____

Please choose your T-shirt size from the options below and enter next to each name

- T-Shirt Sizes: Adult Sm _____ Med _____ Lg _____ XL _____ 2X _____ 3X _____ No Shirt _____

TEAM MEMBER NAME	T-SHIRT SIZE	<i>Participation Waiver Signature Required for parents and all adults</i>
1		
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20		
Number of Team Members X \$20 =		

To add additional members please contact Alicia Mayhew at 207-947-6018

For more information, please visit: www.hikingforthehomeless.org