

# CROSS ISRAEL HIKE

ONE FAMILY FUND NEGEV-RAMON CRATER HIKE OCTOBER 21-25, 2012

## EVENT WAIVER

Name of Registrant:

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Last Name	First Name	Middle Name
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Home Address:

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City	Province	Postal Code	Country
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Daytime Telephone: \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Email Address:

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In signing this Waiver and Release, I understand the intent thereof, and I hereby agree to release from responsibility and waive all claims against the One Family Fund Organization, the organizers of the One Family Fund Cross Israel Hike, corporate sponsors, cooperating organizations, and any other parties connected with this event in any way, or person, singly or collectively, for any blame or liability, demand, injury, harm, loss of property, or damage I might sustain as a result of participation in the One Family Fund Cross Israel Hike and activities associated therewith. I fully accept and assume all risks and all responsibility for losses, costs and damages I incur as a result of my participation in this event. I certify that I have read this waiver, fully understood that I have given up substantial rights by signing this waiver and have signed this waiver freely of my own will and accord. I confirm that the information provided to be correct. I agree that I will adhere to the rules and regulations set forth by One Family Fund for the One Family Fund Cross Israel Hike.

I give full permission for the use of my name and photograph in connection with this event.

I acknowledge that my participation in the **One Family Fund Cross Israel Hike** is premised on the condition that I accept the commitment of raising the required \$2,500 for One Family Fund Canada. I agree that it is my responsibility to secure those funds by December 31, 2012 by fundraising, or, if there is a shortfall, by personally making up the amount of that shortfall.

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Signature of Registrant

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Date