



CROSS ISRAEL HIKE

ONEFAMILY FUND THE GOLAN EXPERIENCE OCTOBER 22 TO 26, 2017

EVENT WAIVER

Name of Registrant:

Last Name

First Name

Middle Name

Home Address:

City

Province

Postal Code

Country

Daytime Telephone: _____ Evening Telephone: _____

Email Address: _____

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 OneFamily Fund Organization, the organizers of the OneFamily 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 OneFamily 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 OneFamily Fund for the OneFamily 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 OneFamily Fund Cross Israel Hike is premised on the condition that I accept the commitment of raising the required \$2,500 for OneFamily Fund. I agree that it is my responsibility to secure those funds by December 31, 2017 by fundraising, or, if there is a shortfall, by personally making up the amount of that shortfall.

Signature of Registrant

Date