

WAIVER FORM – HOSPICE WALKING GROUP

RE: FRASER CANYON HOSPICE SOCIETY WALKING GROUP Participants of the walking group do so at their own risk.

From spring to fall, these walks are open to Palliative, Bereaved Clients and Caregivers. These walks are an opportunity to walk together for self-care, confidential conversation, and support.

These walks are not counselling sessions.

For emergency purposes, please provide an emergency contact name, telephone number/email.

By signing this Waiver Form you are consenting that should an emergency situation arise,
we may call 911 and/or contact these people listed below, and provide the information needed about
your physical and/or mental health.

PARTICIPANTS PRINTED FULL NAME: FIRST	SURNAME	
	2 2 3 3 3 3 4 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
PARTICIPANT'S Signature:		
Emergency Contact Name: (Print please)		
Emergency Contact Telephone # (Print please)		
Emergency Email Contact address: (Print please)		
WITNESSED BY: (Print please)		
WITNESS SIGNATURE		

Fraser Canyon Hospice Society 1275 – 7th Ave, Hope, BC V0X 1L4 – Phone 604-860-7713

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