

SATURDAY May 18th 2024

Registration > 8:30am | Start > 9:30am
2201 25th Street | Portsmouth, OH

What to do

1. Register Now! Complete the registration form and send it in today or bring it with you on the day of the event. Extra forms can be picked up at the SOMC Gibson Building and Hospice Center (East Campus) or printed online at www.somc.org/hikeforhospice. Early registration is encouraged.
2. Raise Pledges! Set a fundraising goal for yourself and enlist friends, family, and co-workers in helping you to achieve it. Sponsors can pledge per kilometer or give an outright donation. Plan to turn in your donations on the day of the hike.
3. Check-In! Check-in begins at 8:30 a.m. Bring your pledge total with you. You must check in even if you have preregistered for the hike. The walk will proceed rain or shine.
4. Enjoy the Hike! This “Fun Walk” is designed for your enjoyment whether you are a leisure stroller, exercise pacer, or race walker. Participate with family, friends, co-workers and canines!
5. Win Prizes! Crossing the finish line makes you eligible for a variety of awards, but those supporting by attendance and collecting pledges will also qualify for a category of prizes. All awards will be given after the hike. So, if you’re unable to join in the walk, find yourself some friends to talk with and enjoy lunch while waiting for all the hikers to return.

All pledges are due the day of the hike.

Team-Up

Friends, family, and co-workers make great challenge teammates. Pick a captain and a team name and include both names on the registration form. You must have at least three members to qualify as a team. All team captains are responsible for registering team members. Teams may display their spirit by creating team banners, pennants, shirts, or anything that promotes their team.

Those competing on a team are not eligible for individual awards.



Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Age _____ Sex M F

Team Name _____ Team Captain _____

Team Representing _____

(Family, Organization, Business)

Waiver: I hereby waive all claims against the SOMC Hospice Program, Southern Ohio Medical Center, sponsors or any personnel for any claim of damages, demands, injuries I might suffer in this event. I attest and verify that I have full knowledge of the risks involved and am physically fit and sufficiently trained to participate in this event. I grant full permission for the organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

Signature _____

(Parent/Guardian signature if less than 18 years of age)

In case of emergency, contact:

Name _____ Phone _____