



City of Hope's National Home Furnishings Industry
FOURTH ANNUAL HIKE FOR HOPE



Thursday, October 15, 2009

**HIGH POINT MARKET
TRANSPORTATION TERMINAL**

200 Block, East Commerce Avenue
High Point, N.C.

GRAND MARSHALL

CLAIRE GOLDHAGEN
of Robb & Stucky

EVENT INFORMATION

Hike Registration 4:30 to 5:30 p.m.
Hike for Hope 5:30 p.m.
After-Hike Party 6 p.m.

*Featuring A to Z Blues Review and well known home furnishings industry executive bartenders.
All proceeds from tips will go to City of Hope.*

SPONSORSHIP INFORMATION

HIKE FOR HOPE LEAD SPONSOR

\$10,000

Premier signage on all collateral
Lead position at the front of the Hike
Included in all press communications
Recognition during all portions of the event

HIKE FOR HOPE CO-SPONSOR

\$5,000

Signage on all collateral and banner
Included in all press communications
Recognized at after Hike party

CELEBRATION OF LIFE SPONSOR

\$1,500

Signage at after-hike party
Included in all press communications

REGISTER NOW!

Call 800-272-2310 or email msandler@coh.org.



City of Hope's National Home Furnishings Industry
FOURTH ANNUAL HIKE FOR HOPE REGISTRATION FORM

REGISTRATION OPPORTUNITIES

Hike for Hope Lead Sponsor . . . \$10,000	\$ _____	Individual Registration (\$20)	\$ _____
Hike for Hope Co-sponsor \$5,000	\$ _____	Additional Donations	\$ _____
Celebration of Life Sponsor \$1,500	\$ _____	I am unable to participate but would like to make a donation in the amount of	\$ _____
Total Sponsorship	\$ _____	Grand Total	\$ _____

Please be sure to sign the attached waiver and return it with your registration form!
 For further information or to register, visit www.cityofhope.org/nhfi/hike or call 800-272-2310.
 Proceeds to benefit City of Hope.

REGISTRATION INFORMATION

Hike for Hope 2009 waiver

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in Hike for Hope (the "Event") as a rider, volunteer or in any other capacity, I, for myself and for my heirs, next of kin, assigns and personal representatives:

1. Represent that I am qualified, in good health and in proper physical condition to participate in the Event. If at any time during my participation in the Event I feel my physical condition no longer allows me to participate safely or I believe the Event becomes unsafe, I will immediately stop my participation.

2. Acknowledge and understand fully that there are risks and dangers of serious bodily injury and death that could result from my participation in the Event. The risks include, but are not limited to, weather, equipment, actions of other people including but not limited to event officials, other participants and volunteers, spectators, sponsors, event monitors, producers, organizers, police and municipal workers and operators of motor vehicles in or around the area in which the Event will take place. Being aware of these risks and dangers, I have voluntarily elected to participate in the Event and I FULLY ACCEPT AND ASSUME ALL RISKS AND ALL RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT.

3. I HEREBY AGREE NOT TO SUE AND TO RELEASE, DISCHARGE, WAIVE, HOLD HARMLESS AND TO INDEMNIFY CITY OF HOPE AND ITS AFFILIATES and their respective officers, directors, employees, volunteers, sponsors, advertisers, participants, agents and representatives, and all other sponsors, organizers, volunteers, officials, medical workers, producers, lessors and organizers and any involved municipalities or other public entities and each of the directors, officers, employees, agents, representatives, successors, heirs and assigns of any of the above individuals and entities (collectively and individually "Releasees") FROM AND AGAINST ALL LIABILITIES, CLAIMS, DEMANDS, LOSSES, DAMAGES, SUITS AND PROCEEDINGS, REGARDLESS OF THE CAUSE, INCLUDING THE NEGLIGENCE OR CARELESSNESS OF ANY RELEASEE, ARISING OR RESULTING FROM MY PARTICIPATION IN THE EVENT.

I have read this agreement and understand that I have given up substantial rights by agreeing to it. I have signed this agreement freely and voluntarily without any inducement or assurances of any nature. I agree that if any portion of this agreement is held to be invalid, the balance shall continue to be in full force and effect.

USE OF PHOTO, VIDEO OR FILM LIKENESS

In consideration of being permitted to participate in the Event, I irrevocably grant to City of Hope the right and permission to use my recorded voice, image and likeness in any medium including, without limitation, video, photograph, film and tape, for any lawful purpose.

By (Signature) _____ Date ____/____/2009

Print Name _____

Name(s) _____

Company _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

- Please bill me Payment enclosed
 I will be paying by credit card. Please charge my:
 AMEX MC VISA

Name on card _____

Card # _____ Exp. date ____/____/

Solicitor _____

Please make checks payable to City of Hope/NHFI
 1055 Wilshire Blvd., 12th Floor, Los Angeles, CA 90017

Registrations must be received by October 9, 2009.
 Reservations and credit card charges may be faxed to 213-241-7203.
 For questions or additional information, contact Michael Sandler at City of Hope at 800-272-2310 or e-mail: msandler@coh.org.