





Hike for Hospice is an annual charity fundraising event organised by the Society for the Promotion of Hospice Care (SPHC) since 1992. Our flagship initiative will step into its 32nd anniversary in 2025. All proceeds raised will provide quality palliative care and bereavement services to underprivileged terminal patients, ensuring their journey can be completed with dignity and surrounded by the warmth of their loved ones.

We invite Alumni Associations to join us in making a difference by forming teams of four (4) to represent your alma mater. Together, we can race along the beautiful 14 km scenic trails and raise funds to support our causes! Hike for Hospice not only strengthens alumni bonds but also showcase social responsibility by contributing to the vital work we do for our community.

# Date:

Sunday, 16 Feb 2025

## Venue:

Tai Tam Country Park Hong Kong Island



8:45am - Opening Ceremony 9:00am - Start of Hike

# Put Your Best Foot Forward! Please join the event and share this message with your alumni networks to accept this challenge!

### **Enrolment Details:**

- Teams have to register in the name of the alumni association
- Each team consists of 4 hikers
- Enrolment fee: HK\$15,000 per team (Crossed cheque payable to "The Society for the Promotion of Hospice Care")
- Submit your registration by completing the form at the back and emailing to hike@hospicecare.org.hk
- Enrolment deadline: Tuesday, 31 December 2024

### Award and Souvenirs:

- Awards for Champion, 1st Runner-up and 2nd Runner-up
- Champion keeps a floating trophy for one year
- Alumni who wins the championships for three consecutive years will be awarded the trophy for permanent possession
- All winner team members will be awarded individual trophies

# Act NOW! Join HIKE for Hospice 2025 for Alumni Challenge!

The Society for the Promotion of Hospice Care | Charity Registered Number: 91/3140





# HIKE FOR HOSPICE 2025 ALUMNI CHALLENGE

# **ENROLMENT FORM**

GENERAL INFORMATION			
Name of Alumni :			
Conta	ct Person : Mr / Ms	Position :	
Tel	:	E-mail :	
Mailing Address :			
Name on Donation Receipt/ . Acknowledgement Name			
MEMBER 1	Name   Gender OM F Tel   Email   T-shirt XS S M L XL XL   Shuttle Bus Route Admiralty	Name         Gender       M         F       Tel         Email         T-shirt       XS         Shuttle Bus Route       Admiralty	
MEMBER 3	Name	Name	
payal <b>Hosp</b>	the send the donation (crossed cheque ble to " <b>The Society for the Promotion of</b> <b>Sice Care</b> ") together with a copy of this ment Form to us by mail	T-Shirt Size ChartSizeXSSMLXLXXLChest (in cm)444750545862Shirt Length (in cm)606266707478	

#### Waiver of liabilities and declaration

By completing this enrolment form, it represents we confirm and agree that:

- We shall comply with all relevant rules, regulations and arrangements made by the Society for the Promotion of Hospice Care, sponsors, supporting organisations and all related organisations, as well as their partners, employees and their agents (hereafter "Organisers").
- We participate in the Event entirely at our own risk. We assume full responsibility for ourselves and we shall not hold the Organisers responsible for death or any injury, or for any damage to, loss or destruction of property during the course of the Event.
- We grant permission and assign all rights, title and interest to the Organisers to utilise our image and / or voice in any promotional or fundraising activities in perpetuity and agree to waive any right of inspection or approval associated thereto.

#### **Privacy Policy**

All personal data collected for Hike for Hospice 2025 ("Event") will only be used by SPHC for the purpose of event communications. SPHC may share your data to our designated vendors for the production of necessary event-related materials (eg. The bib). Under no circumstances should SPHC share the data to any other third party unrelated to the Event. SPHC may from time to time use the data to communicate and update you with the services of SPHC, JCHH and JTTC. Please indicate if you agree to receive our communications in the future by checking the box below.

○ We agree

○ We do not agree

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