





## **2017 PARTICIPANT FORM GRANDE PRAIRIE**

PARTICIPANT INFORMATION (*Required information. Partic	ipant's name and address must be complete and legible to receive a tax receipt	. Complete one form per participant.)
First Name	*Last Name	
Suite/Apt *Street	*City	*Prov *Postal Code
Email		*Phone
Language preference:	I am a breast cancer survivor (optional) I withdra informati	w my consent for the Canadian Cancer Society to use my on for anything other than processing my registration.
TEAM INFORMATION (If applicable)		
Team Type Corporate Friends & Family	School Team Women's PSC Team	CIBC Branch Transit/LOB
Team Name	Team Captain's Name	
PARTICIPATION OPTIONS (Tax receipts will be issued for don	ations of \$20 or more. Less than \$20, must be requested.)	WHERE TO SUBMIT THIS FORM
8 years old and over   Includes T-shirt U  Adult - Raise \$150 or more   I commit to fundraise \$150 or more by Oct 1	Youth - \$45 Donation Registration between Sept 1 - Oct 1  Youth - Free **Does not include T-shirt  Youth - \$45 Donation The Sept 1 - Oct 1  Youth - \$45 Donation The Sept 1 - Oct 1	Make your donation at any CIBC branch AND choose an option to submit bank stamped form:  • Bring to T-shirt pick up location, OR  • Bring to registration area on Run day, OR  • Mail to Canadian Cancer Society - Nova Scotia Division Attn: Data Processing Department 5826 South Street, Halifax, Nova Scotia B3H 1S6 (Please do not mail cash)
PARTICIPATION PAYMENT METHODS (Credit card payments are processed by the Canadian Cancer Society. You cannot pay by credit card at CIBC.)		
Cheque (payable to Canadian Cancer Society)	Cash (do not mail)	
Credit Card	Expiry Amount to be o	harged \$
Cardholder Name	Signature	
as the "RELEASEES"), from any and all causes of action, actions, suits, claims and death, injury, loss or damage of every nature and kind however occurring or cal participant, competitor or otherwise, whether such death, injury, loss or damage the negligence of any of the RELEASEES.  1 WILL INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES from and agai attendance at and/or participation in the CIBC Run for the Cure, regardless of wl 1 WILL NOT TO MAKE ANY CLAIM, take any proceeding or commence or maintain RELEASEES, or who might claim contribution or indemnity from the RELEASEES.  1 ACCEPT AND ASSUME FULL RESPONSIBILITY for any and all risks of bodily injury, I agree that at all times prior to, during or subsequent to the CIBC Run for the CU 1 AGREE that this Release, Waiver of Liability and Indemnity Agreement (this "AC CIBC Run for the Cure is conducted. If any portion or portions of this Agreement of no force and effect in such jurisdiction, then all remaining provisions of this A I am physically fit and in the proper physical condition to participate in the CIBC I consent to the collection, use and disclosure by any of the RELEASEES of my na the Internet (including social media) and broadcasts regarding the event (collec as a result of the use of my name, photograph, image, video image(s)/actions a By submitting this registration form to Canadian Cancer Society, I ACKNOWLEDGI it freely and voluntarily without any inducement, assurance or guarantee being large.	greement") extends to cover all acts of negligence by the RELEASEES and is intended to be as may be held by a court of competent jurisdiction to conflict with any federal, provincial or longerement will otherwise remain in full force and effect and will be construed as if such inval Run for the Cure.  Imp. photograph, image, video image(s)/actions and/or other likeness in any publications or tively, the "Materials"). I release the RELEASEES from any and all liability, actions, causes of an and/or other likeness in the Materials.  ETHAT I HAVE CAREFULLY READ THIS AGREEMENT, fully understand its terms without reservation made to me and intend my signature to be a complete, final and unconditional release of all will have this Agreement signed by his or her parent or legal guardian who is over the age of the participant is under 18 years.  Signature of parent/guardictionart is under 18 years.	If fees and disbursements, whether at law or in equity or under any statute, in respect of or in directly with my participation in the CIBC Run for the Cure, whether as a spectator, in death, injury, loss or damage may have been caused by, contributed to or occasioned by or the other RELEASORS arising out of, as a result of or in any way connected with my the negligence of any of the RELEASEES or otherwise. any other person or corporation who might assert a claim over or against any of the seed by, contributed to or occasioned by the negligence of the RELEASEES or otherwise. broad and inclusive as is permitted by the laws of the province in which the call aw, and as a result such portion or portions are declared to be invalid and id portion or portions had not been included in this Agreement.  advertising, in any form or media, including but not limited to printed materials, etion, claims, costs and payments for damages, loss or injury, however occurring n, understand that I have given up substantial rights by signing it, and have signed liability to the greatest extent allowed by law.  of eighteen years, and will present the signed Agreement to Canadian Cancer Society's and (print):  of a fage)
L '		at specific in the latest cons
haritable Registration No. 118829803 RR 0001  TOTAL DEPOSITED	CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS	The CIBC logo is a registered trademark of CIBC.
CIBC BANK STAMP HERE  AT CIBC (this form only)	1. Forms are accepted year round 2. Ensure that this form is filled out with participant name and contact information 3. Make deposit using the Business Deposit option from the left navigation on the Search Client screen. DO NOT use the Customer Overview screen	4. Enter transit no. 112 and donation account 09-91805 5. Verify account short name ends in PLEDGE 6. Verify amount of the deposit and enter it on this form 7. DO NOT PROCESS PAYMENTS BY CREDIT CARD 8. Return form to participant
	Cut here on Run day	
TOTAL SUBMITTED	RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS	
(this form only)	Ensure that this form is filled out with participant and donors' name and contact information     Ensure total cash and cheques submitted matches form	Tear off bottom portion of the form and give it to the participant (this will act as a receipt)      Be sure to hand the bottom portion from each submitted form,

3. At the bottom and top portion of the form, stamp with paid stamp

and fill in total submitted for that form only

(only if you've received cash or cheque donations from participant)

back to the participant