CIBC RUN FOR THE CURE

Canadian Cancer Society

2017 PARTICIPANT FORM

KINGSTON

PARTICIPANT INFORMATION (*Required information. Participant'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: ☐ English ☐ French ☐ I am a breast cancer survivor (optional) ☐ I withdraw my consent for the Canadian Cancer Society to use my information 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 donations of $20 or more. Less than $20, must be requested.)

ADULT RUNNER OR WALKER
18 years old and over | Includes T-shirt

- ☐ **Adult – Raise $150 or more** I commit to fundraise $150 or more by Oct 1
- ☐ **Adult – $40 Donation** Registration by Aug 31
- ☐ **Adult – $45 Donation** Registration between Sept 1 – Oct 1

YOUTH RUNNER OR WALKER
Under 18 years old | Includes T-shirt**

- ☐ **Youth – Raise $60 or more** I commit to fundraise $60 or more by Oct 1
- ☐ **Youth – $40 Donation** Registration by Aug 31
- ☐ **Youth – $45 Donation** Registration between Sept 1 – Oct 1
- ☐ **Youth – Free** **Does not include T-shirt

WHERE TO SUBMIT THIS FORM

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 charged $ _____

Cardholder Name _____ Signature _____

2017 CIBC RUN FOR THE CURE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. READ CAREFULLY.

- IN CONSIDERATION of the acceptance of my application and the granting of permission for me to participate as an entrant in the 2017 CIBC Run for the Cure and any or all of its associated events (the "CIBC Run for the Cure"), I, for myself and all of my heirs, executors, administrators, personal representatives, successors and assigns (collectively referred to as the "RELEASORS") WAIVE, RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE Canadian Cancer Society, Canadian Imperial Bank of Commerce, and all/or other organizers, associations, sanctioning bodies and sponsoring companies, and all of their respective past, present and future representatives, parent companies, subsidiaries, divisions, affiliates, controlling persons, suppliers, distributors, contractors, agents, officials, assigns, servants, professional advisors and insurers, and all of their officers, directors, employees, shareholders, predecessors, successors in interest, assigns, heirs, executors, administrators or personal representatives, as may be applicable (collectively referred to as the "RELEASEES"), from any and all causes of action, actions, suits, claims and demands for damages, liability, indemnity, expenses, interest, fees and costs, including legal fees and disbursements, whether at law or in equity or under any statute, in respect of death, injury, loss or damage of every nature and kind however occurring or caused, whether anticipated or unanticipated, resulting from, arising out of or connected directly or indirectly with my participation in the CIBC Run for the Cure, whether as a spectator, participant, competitor or otherwise, whether such death, injury, loss or damage occurs prior to, during or subsequent to the CIBC Run for the Cure, and despite that any such death, injury, loss or damage may have been caused by, contributed to or occasioned by the negligence of any of the RELEASEES.
- I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASEES from and against any and all liabilities, losses, damages, interest, costs and expenses incurred by me and/or the other RELEASORS arising out of, as a result of or in any way connected with my attendance at and/or participation in the CIBC Run for the Cure, regardless of whether such liability, losses, damages or costs were caused by, contributed to or occasioned by the negligence of any of the RELEASEES or otherwise.
- I WILL NOT TO MAKE ANY CLAIM, take any proceeding or commence or maintain any action in connection with the matters which are released and discharged above against any other person or corporation who might assert a claim over or against any of the RELEASEES, or who might claim contribution or indemnity from the RELEASEES.
- I ACCEPT AND ASSUME FULL RESPONSIBILITY for any and all risks of bodily injury, death or property damage arising out of or related to the CIBC Run for the Cure, whether caused by, contributed to or occasioned by the negligence of the RELEASEES or otherwise. I agree that at all times prior to, during or subsequent to the CIBC Run for the Cure, I will be solely responsible for the safety of my person and my property.
- I AGREE that this Release, Waiver of Liability and Indemnity Agreement (this "Agreement") extends to cover all acts of negligence by the RELEASEES and is intended to be as broad and inclusive as is permitted by the laws of the province in which the CIBC Run for the Cure is conducted. If any portion or portions of this Agreement may be held by a court of competent jurisdiction to conflict with any federal, provincial or local law, and as a result such portion or portions are declared to be invalid and of no force and effect in such jurisdiction, then all remaining provisions of this Agreement will otherwise remain in full force and effect and will be construed as if such invalid portion or portions had not been included in this Agreement.
- I am physically fit and in the proper physical condition to participate in the CIBC Run for the Cure.
- I consent to the collection, use and disclosure by any of the RELEASEES of my name, photograph, image, video image(s)/actions and/or other likeness in any publications or advertising, in any form or media, including but not limited to printed materials, the Internet (including social media) and broadcasts regarding the event (collectively, the "Materials"). I release the RELEASEES from any and all liability, actions, causes of action, claims, costs and payments for damages, loss or injury, however occurring as a result of the use of my name, photograph, image, video image(s)/actions and/or other likeness in the Materials.
- By submitting this registration form to Canadian Cancer Society, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT, fully understand its terms without reservation, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete, final and unconditional release of all liability to the greatest extent allowed by law.
- Any person under the age of eighteen years who completes a registration form will have this Agreement signed by his or her parent or legal guardian who is over the age of eighteen years, and will present the signed Agreement to Canadian Cancer Society's representative or designate on the day of the CIBC Run for the Cure.

Date: _____

Name of participant (print): _____

Signature of participant: _____

Name of parent/guardian (print): _____
(If participant is under 18 years of age)

Signature of parent/guardian: _____
(If participant is under 18 years of age)

Charitable Registration No. 118829803 RR 0001

The CIBC logo is a registered trademark of CIBC.

CIBC BANK STAMP HERE

TOTAL DEPOSITED AT CIBC (this form only)

$ _____

CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

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** 09-72908
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

PAID STAMP HERE

TOTAL SUBMITTED (this form only)

$ _____

RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS

1. Ensure that this form is filled out with participant and donors' name and contact information
2. Ensure total cash and cheques submitted matches form
3. At the bottom and top portion of the form, stamp with paid stamp (only if you've received cash or cheque donations from participant) and fill in total submitted for that form only
4. Tear off bottom portion of the form and give it to the participant (this will act as a receipt)
5. Be sure to hand the bottom portion from each submitted form, back to the participant