## CIBC RUN FOR CURE

## **2019 PARTICIPANT FORM**

## **DURHAM REGION**

PARTICIPANT INFORMATION (*Required inform	ation. Participant's name a	and address must be complete and legible to receive a tax re	sceipt. Complete one form per participant.)	
First Name 📖 🦳		*Last Name ∟		
Suite/Apt *Street		*City	Postal Code	
Email L			*Phone	
anguage preference: 🗌 English 🔲 French	l am a breas I am living v	st cancer survivor or uithdra vith breast cancer (optional)	w my consent for the Canadian Cancer Society to use my ion for anything other than processing my registration.	
<b>FEAM INFORMATION</b> (If applicable)				
Team Type 🔲 Corporate 🛛 Friends & Fa	mily 🔲 School 🛛	Team 🔲 Women's 🛄 PSC 🔲 Team	CIBC Banking Centre Transit/LOB	
Team Name 📖		Team Captain's Name	L	
PARTICIPATION OPTIONS (Tax receipts will be iss	ued for donations of \$20 o	r more. Less than \$20, must be requested.)	WHERE TO SUBMIT THIS FORM	
ADULT RUNNER OR WALKER YOUTH RUNNER OR WALKER			Make your donation at any CIBC banking centre AN	
B years old and over   Includes T-shirt			choose an option to submit bank stamped form:	
Adult – Raise \$150 or more	Vouth - Rai	se \$60 or more	• Bring to T-shirt pick up location, OR	
I commit to fundraise \$150 or more by Oct 6	I commit to fundraise \$60 or more by Oct 6		• Bring to registration area on Run day, OR	
Adult - \$40 Donation Registration by Aug 31	Youth - \$40	<b>Donation</b> Registration by Aug 31	Mail to Canadian Cancer Society - Nova Scotia Division	
Adult - \$45 Donation Registration between		<b>Donation</b> Registration between Sept 1 – Oct 6	Attn: Data Processing Department	
Sept 1 – Oct 6		e **Does not include T-shirt	5826 South Street, Halifax, Nova Scotia B3H 1S (Please do not mail cash)	
•	-			
PARTICIPATION PAYMENT METHODS (Credit	t card payments are proces	ssed by the Canadian Cancer Society. You cannot pay by cred	dit card at CIBC.)	
Cheque (payable to Canadian Cancer Society)	🗋 C	Cash (do not mail)		
you wish to make a donation to the CIBC Run beak with a Donor Care representative.	for the Cure using	a credit card, please visit www.cibcrunforthe	cure.com or telephone 1-800-268-8874 to	
eak with a Donor Care representative.				
with my attendance at and/or participation in the CIBC Run for the Ci WILL NOT TO MAKE ANY CLAIM, take any proceeding or commenn the RELEASES, or who might claim contribution or indemnity from th ACCEPT AND ASSUME FULL RESPONSIBILITY for any and all risks otherwise. I agree that at all times prior to, during or subsequent to th I AGREE that this Release, Waiver of Liability and Indemnity Agreeme CIBC Run for the Cure is conducted. If any portion or portions of this, of no force and effect in such jurisdiction, then all remaining provision I am physically fit and in the proper physical condition to participate in I consent to the collection, use and disclosure by any of the RELEASEE the Internet (including social media) and broadcasts regarding the eve as a result of the use of my name, photograph, image, video image(s)/2 By submitting this registration form to Canadian Cancer Society, I AC	SEES from and against any and ure, regardless of whether suc er or maintain any action in co he RELEASEES. of bodily injury, death or prop e CIBC Run for the Cure, I wil et (this "Agreement") extends Agreement may be held by a co s of this Agreement will other the CIBC Run for the Cure. Es of my name, photograph, im rnt (collectively, the "Materials KNOWLEDGE THAT I HAVE co or guarantee being made to tion form will have this Agreent material sectors and/or ther likeness in Common Sectors and the sectors and/or the sectors	a all liabilities, losses, damages, interest, costs and expenses incurred I th liability, losses, damages or costs were caused by, contributed to or nunection with the matters which are released and discharged above a berty damage arising out of or related to the CIBC Run for the Cure, w. I be solely responsible for the safety of my person and my property. s to cover all acts of negligence by the RELEASEES and is intended to to court of competent jurisdiction to conflict with any federal, provincial wise remain in full force and effect and will be construed as if such inv hage, video image(s)/actions and/or other likeness in any publications s"). I release the RELEASEES from any and all liability, actions, causes in the Materials. CAREFULLY READ THIS AGREEMENT, fully understand its terms wio or and intend my signature to be a complete, final and unconditions ment signed by his or her parent or legal guardian who is over the age <b>Name of parent/guard</b> (If participant is under 18 year (If participant is under 18 year	against any other person or corporation who might assert a claim over or against any of whether caused by, contributed to or occasioned by the negligence of the RELEASEES or be as broad and inclusive as is permitted by the laws of the province in which the or local law, and as a result such portion or portions are declared to be invalid and valid portion or portions had not been included in this Agreement. or advertising, in any form or media, including but not limited to printed materials, of action, claims, costs and payments for damages, loss or injury, however occurring ithout reservation, understand that I have given up substantial rights by signing it, and a release of all liability to the greatest extent allowed by law. of eighteen years, and will present the signed Agreement to Canadian Cancer Society: ian (print):	
aaritable Registration No. 118829803 RR 0001			The CIBC logo is a registered trademark of CI	
TOTAL DEI AT CI		STOMER SERVICE REPRESENTATIVE INSTRUCT	IIONS	
(this forr	n only) 1. Forms are a	accepted year round	4. Enter transit no. 112 and donation account 09-72207	
CIBC BANK	2. Ensure that	t this form is filled out with participant name and	5. Verify account short name ends in PLEDGE	
STAMP HERE	contact info	ormation sit using the Business Deposit option from the left navigation	<ol> <li>Verify amount of the deposit and enter it on this form</li> <li>DO NOT PROCESS PAYMENTS BY CREDIT CARD</li> </ol>	
wir und Libelah		ch Client screen. DO NOT use the Customer Overview screen	8. Return form to participant	
\$				
		Cut here on Run day		
TOT		RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS		
SUBMI (this form	1 Encure the	t this form is filled out with participant and donors' name	4. Tear off bottom portion of the form and give it to the participant	
	and contac	t information al cash and cheques submitted matches form	(this will act as a receipt) 5. Be sure to hand the bottom portion from each submitted form,	

 Ensure total cash and cheques submitted matches form
 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

\$

back to the participant