

# RELAY FOR LIFE Participant Form

## 2024 PARTICIPANT FORM

### 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 have had a cancer diagnosis (living with cancer or metastatic cancer, survivor). Optional.

We collect your personal information through forms, by phone or in person to process your donation, issue a tax receipt, and contact you to provide updates about our impact and other ways to support us or give. We may share your personal information with third parties including payment processors, consultants and agency partners within or outside your province or territory or outside Canada to carry out the purposes identified above, or as required by law. We may contact you by mail, email, phone or text. You can exercise your right to access your information or have it corrected, unsubscribe from communications or withdraw your consent by calling 1-888-939-3333 or emailing [connect@cancer.ca](mailto:connect@cancer.ca). For more information about our privacy practices, visit [cancer.ca/privacy](http://cancer.ca/privacy).

### TEAM INFORMATION (If applicable)

Team Type  Corporate  Friends & Family

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.)

<b>ADULT PARTICIPANT</b> 18 years old and over <input type="checkbox"/> Adult - Raise \$150 or more <input type="checkbox"/> Adult - Self-Donation \$35 until February 28 <input type="checkbox"/> Adult - Self-Donation \$40 between March 1 - April 30 <input type="checkbox"/> Adult - Self-Donation \$45 starting May 1	<b>YOUTH PARTICIPANT</b> Under 18 years old <input type="checkbox"/> Youth - Raise \$60 or more <input type="checkbox"/> Youth - Self-Donation \$35 until February 28 <input type="checkbox"/> Youth - Self-Donation \$40 between March 1 - April 30 <input type="checkbox"/> Youth - Self-Donation \$45 starting May 1 <input type="checkbox"/> Youth - Free
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### WHERE TO SUBMIT THIS FORM

Make your donation at any CIBC banking centre and mail bank stamped forms to:

**Canadian Cancer Society**  
Attn: Gift Processing Department

(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)

If you wish to make a donation to Relay For Life using a credit card, please visit [www.relayforlife.ca](http://www.relayforlife.ca) or telephone 1-888-939-3333 to speak with a Donor Care representative.

**2024 RELAY FOR LIFE EVENT WAIVER. READ CAREFULLY.**

I grant permission to the Canadian Cancer Society to photograph and videotape me in the course of my participation in the Relay For Life event, and to use my name and any photographs and videotapes of me for Canadian Cancer Society purposes in any media and territory in perpetuity.

I waive and release any and all claims for myself, my heirs, executors and administrators against the Canadian Cancer Society, its agents, employees and licensees, and any sponsors, officials and organizers of the Relay For Life event in connection with any injury, illness, death, loss or damage to property, which may directly or indirectly result from my participation in this event, or any claims arising from the use of my name or any photographs or videotapes of me. In particular I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the event and that such exposure or infection, particularly for unvaccinated individuals, may result in personal injury, illness, permanent disability, or death.

I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of the Canadian Cancer Society.

Please choose one of the following options:

I am 18 or older and I have read and fully understand and agree with the contents of this waiver.  I am under 18 and my parent or guardian is agreeing on my behalf.

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

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

Signature of participant: \_\_\_\_\_

Charitable Registration No. 118829803 RR 0001

<p>CIBC BANK STAMP HERE</p>	<p>TOTAL DEPOSITED AT CIBC (this form only)</p> <p>\$ _____</p>	<p><b>CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS</b></p> <ol style="list-style-type: none"> <li>Forms are accepted year round</li> <li>Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen</li> <li>Enter transit no. _____ and donation account _____</li> <li>Verify amount of the deposit and enter it on this form</li> <li>Return stamped form to participant</li> </ol>
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