



PARTICIPANT INFORMATION (Please print clearly. *Required information, **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)

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 FEE OPTIONS (Participation fee is non-refundable and does not qualify for a tax receipt)

- 1. Fundraise and Waive Fee
 Adult - fee waived when you raise \$150 or more (t-shirt included)
 Youth (under 18) - fee waived when you raise \$60 or more (t-shirt included)
- 2. Pay \$40 Fee
 Adult (t-shirt included)
 Youth (under 18 - t-shirt included)
 Youth only (under 18 - t-shirt not included)
- 3. Free

WHERE TO SUBMIT THIS FORM

- 1. Pay Fee at CIBC **(do not leave your form)**
- 2. **Bring** to T-shirt pick up or Registration area on Run day
- 3. **OR** mail to:
 Canadian Breast Cancer Foundation
 P.O. Box 829
 Station K, Toronto, ON M4P 2H2

OPT OUT

I withdraw my consent for Canadian Breast Cancer Foundation to use my information for anything other than processing my registration.

PARTICIPATION PAYMENT METHODS (Credit card payments are processed by Canadian Breast Cancer Foundation. You cannot pay by credit card at CIBC)

Cheque (payable to Canadian Breast Cancer Foundation) Cash (do not mail)
 Credit Card _____ Expiry _____ / _____ Amount to be charged \$ _____
 Cardholder Name _____ Signature _____

2015 CANADIAN BREAST CANCER FOUNDATION 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 2015 Canadian Breast Cancer Foundation 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 (hereinafter collectively referred to as the "RELEASEES") HEREBY WAIVE, RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE CANADIAN BREAST CANCER FOUNDATION, Canadian Imperial Bank of Commerce, and all 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 (all hereinafter 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 notwithstanding 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 AGREE TO 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 RELEASEES 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 AGREE 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 against any of the RELEASEES, or who might claim contribution or indemnity from the RELEASEES.

• I AGREE TO 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 shall be solely responsible for the safety of my person and my property.

• I FURTHER AGREE that this Release, Waiver of Liability and Indemnity 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 shall otherwise remain in full force and effect and shall be construed as if such invalid portion or portions had not been included herein.

• I WARRANT that 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 Breast Cancer Foundation, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE, WAIVER OF LIABILITY AND INDEMNITY 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 shall have this Release, Waiver of Liability and Indemnity Agreement signed by his or her parent or legal guardian who is over the age of eighteen years, and shall present the signed Agreement to Canadian Breast Cancer Foundation's representative or designate on the day of the CIBC Run for the Cure.

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: _____

(† Canadian Breast Cancer Foundation, Run for the Cure and pink ribbon ellipse are trademarks of Canadian Breast Cancer Foundation.)



CIBC BANK STAMP PLEASE
 STAMP ONLY WHEN
 REGISTRATION FEE
 PAYMENT IS MADE

Participation
 Fee deposited

\$ _____

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 account 09-92305
5. Verify account short name ends in REG
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

Participation
 Fee submitted

\$ _____

RUN DAY VOLUNTEER REPRESENTATIVE INSTRUCTIONS

1. Ensure that this form is filled out with participant name and contact information
2. Ensure total cash or 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 payments 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