Relay For Life
Participant Form

2021 PARTICIPANT FORM Maxville

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)

☐ 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

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 PARTICIPANT
18 years old and over

☐ **Adult – Raise $150 or more****
I commit to fundraise $150 or more by June 12

☐ **Adult – Self-Donation $40 Donation** by April 30

☐ **Adult – Self-Donation $45 Donation** between May 1 – June 12

YOUTH PARTICIPANT
Under 18 years old

☐ **Youth – Raise $60 or more****
I commit to fundraise $60 or more by June 12

☐ **Youth – Self-Donation $40 Donation** by April 30

☐ **Youth – Self-Donation $45 Donation** between May 1 – June 12

☐ **Youth – Free**

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
55 St Clair Avenue West, Suite 500
Toronto, Ontario M4V 2Y7
(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 or telephone 1-888-939-3333 to speak with a Donor Care representative.

2021 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.

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 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

CIBC BANK STAMP HERE

TOTAL DEPOSITED AT CIBC (this form only)

$ _____

CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

1. Forms are accepted year round
2. Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen
3. Enter transit no. 00442 and donation account 0985716
4. Verify account short name ends in PLEDGE
5. Verify amount of the deposit and enter it on this form
6. Return stamped form to participant