

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)

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@canccr.ca. For more information about our privacy practices, visit canccr.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.)

<p>ADULT PARTICIPANT 18 years old and over</p> <p><input type="checkbox"/> Adult - Raise \$150 or more</p> <p><input type="checkbox"/> Adult - Self-Donation \$35 until February 28</p> <p><input type="checkbox"/> Adult - Self-Donation \$40 between March 1 - April 30</p> <p><input type="checkbox"/> Adult - Self-Donation \$45 starting May 1</p>	<p>YOUTH PARTICIPANT Under 18 years old</p> <p><input type="checkbox"/> Youth - Raise \$60 or more</p> <p><input type="checkbox"/> Youth - Self-Donation \$35 until February 28</p> <p><input type="checkbox"/> Youth - Self-Donation \$40 between March 1 - April 30</p> <p><input type="checkbox"/> Youth - Self-Donation \$45 starting May 1</p> <p><input type="checkbox"/> Youth - Free</p>
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PARTICIPATION PAYMENT METHODS (Credit card payments are processed by the Canadian Cancer Society. You cannot pay by credit card at the bank.)

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.

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: _____

RELAY FOR LIFE PARTICIPANT INSTRUCTIONS

- Before going to Desjardins, fill out the personalized deposit slip for your Relay site.
- Request proof of deposit. Keep your forms and proof of deposit - do not leave them at the banking institution.
- Give a copy of the deposit slip to Desjardins representative at time of deposit. Do NOT leave this form at the bank. Request the proof of deposit from bank representative.
- Mail forms, deposit slips and proof of deposit to:
Canadian Cancer Society
 Attn: Gift Processing Department
(Please do not mail cash)

CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

- Verify that cash/cheques received, total the deposit amount on deposit slip provided by participant.
- From bill payments, enter organization SPC107 for Canadian Cancer Society, Montreal Division.
- Enter reference no.
- Complete the deposit and provide proof of deposit to the participant.