

2025 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.

You understand and you have informed your donors that the Canadian Cancer Society collects 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. For more information about our privacy practices, visit cancer.ca/privacy.

TEAM INFORMATION (If applicable)

Team Type Corporate Friends & Family Youth

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. The above-mentioned personal information will be used to issue a tax receipt.)

I register as an adult (18 and older) a youth (under 18) I want to do a self donation of \$ _____

SELF DONATION PAYMENT METHOD (Credit card payments are processed by the Canadian Cancer Society.)

Cheque (payable to Canadian Cancer Society) Cash (do not mail)

Note: You cannot pay by credit card at CIBC.

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.

WHERE TO SUBMIT THIS FORM

Make your donation at any CIBC banking centre, send copy of this stamped form to connect@cancer.ca. If you are unable to send it by email, send form to :

Canadian Cancer Society
Attn: Finance

(Please do not mail cash)

2025 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: _____



TOTAL DEPOSITED AT CIBC (this form only)

\$ _____

CIBC CUSTOMER SERVICE REPRESENTATIVE INSTRUCTIONS

- Forms are accepted year round
- Make deposit in CBFE using Deposit under the Business Services option from the left navigation. DO NOT use the Client Banking, Search Client screen
- Enter transit no. and donation account
- Verify amount of the deposit and enter it on this form
- Return stamped form to participant