

Mudmoiselle Registration Form



Canadian
Cancer
Society

MUDMOISELLE

PARTICIPANT INFORMATION All information is required. Please print clearly.

Mr Mrs Dr Ms First Name _____ Last Name _____ Date of Birth DD/MM/YY _____

Suite/Apt _____ Street _____ City _____ Prov _____ Postal Code _____

Email _____ Primary user of this address? Y N Phone _____

Event Location _____ How many years have you participated in Mudmoiselle? _____

Emergency contact name _____ Emergency contact phone _____

Are you a cancer survivor or currently 'battling' cancer? Y N

Participant Role: Team Captain Team Member On your own (not on a team)

Women t-shirt size: S M L XL XXL

Men t-shirt size: S M L XL XXL XXXL

Registration Fees	Adult (13+)
Early bird	\$50
Regular	\$75

Registration Fee \$ _____

TEAM INFORMATION To be completed only if you're part of a team.

Team Name _____

Team Captain Name _____

Is your team associated with a business, group or club? Y N

Name of business, group or club (if applicable) _____

Team Captains only

Has your team participated in Mudmoiselle before? No, this is our first year Yes, we have participated before but we changed our name Yes, we are returning

PAYMENT METHOD

Cash Cheque (payable to Canadian Cancer Society)

MUDMOISELLE TERMS AND CONDITIONS

I grant permission to the Canadian Cancer Society to photograph and videotape me in the course of my participation in the Mudmoiselle 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 Mudmoiselle 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.

I have read and fully understand and agree with the contents of this Agreement, prior to participating in the Mudmoiselle event.

Any person under the age of eighteen years who completes a registration form will have this Agreement signed by his or her parent or legal guardian who is over the age of eighteen years.

Date _____

Name of participant (print) _____ Name of parent/guardian (print) _____
(If participant is under 18 years of age)

Signature of participant _____ Signature of parent/guardian _____
(If participant is under 18 years of age)

Privacy: The Canadian Cancer Society is dependent upon the generous support of donors and volunteers to fulfill its mission. We collect your personal information in order to process your donation, issue a tax receipt, and provide updates about our impact and other ways to help. Your personal information will not be sold or traded with other organizations. For more information about our privacy practices, view our privacy policy at cancer.ca.

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Charitable Registration No. 11882 9803 RR0001 (Canada); 98-6001242 (USA)

Thank you for your support!