

Register *today!*

Join us for the Shoppers Drug Mart® Weekend to End Women's Cancers™ benefiting The Campbell Family Institute at The Princess Margaret.



One person per registration form. Please print clearly, and complete both sides of the form as applicable.

General Information

First Name _____ Initial ____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Email (for important Weekend updates) _____

Home Phone _____ Other Phone _____ Mobile Business

Date of Birth _____ Sex F M

Are you a cancer survivor?

Yes No

Vegetarian meal?

Yes No

Tshirt size?

S M L XL XXL

How did you hear about us?

Radio Station _____

TV Channel _____

Online

InStore Display

Friend or Relative

Previous Participant

Other _____

If a registered Walker referred you, enter the name and first 6 digits of their participant number.

Name _____

Number _____

Select the area you would like your fundraising dollars directed.

If you skip this question, your dollars will go to the Discovery Fund research that has applications across a wide range of cancers. For more information, call 416.815.9255 or visit endcancer.ca.

Breast Cancer

Gynecological Cancers

Participation Level

2-Day Walker 2-Day Walkers commit to raising \$2,000 to participate in the 60km walk on Saturday and Sunday, September 7-8, 2013.

1-Day Walker 1-Day Walkers commit to raising \$1,250 to participate in the 30+km walk on Saturday, September 7, 2013.

Crew Member Crew Members must attend the entire event in a service capacity and they do not walk the route. They are not required to fundraise, but they are strongly encouraged to raise a minimum of \$500 so that more money remains with the cause.

Team Options

Create a new team

Join an existing team

What is your team name?

_____ **I am the Team Captain**

At any time after registering, you can join an existing team or start a new one.

Registration Fee

Please submit your non-refundable, non-transferable registration payment with this form.

If you are submitting a personal cheque, make it payable to: The Weekend to End Women's Cancers. Please do not send cash.

Card Number _____

Exp _____

Visa

Mastercard

Amex

Cardholder Name _____ Cardholder Signature _____

Kick start your fundraising by donating to yourself! The level you donate will probably be what most people match so aim high!

Enter an amount here: \$ _____

Please complete the reverse side! ➔

Waiver and Release of Liability (Please read and sign below.)

I wish to participate in the Shoppers Drug Mart® Weekend to End Women's Cancers™ benefiting The Campbell Family Institute at The Princess Margaret, scheduled to take place on September 7-8, 2013, as well as various pre- and post-Event activities (including, without limitation, one or more training walks) (the "Event") and I agree to abide by all rules, regulations, and instructions of the Event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an Event, using public streets and facilities, and the use of and participation in services made available to certain participants during the Event (including massage, chiropractic, and medical services) is a potentially hazardous activity and can result in serious injury or death. I am aware of and expressly assume all risks associated with participating in this Event, including, without limitation, falls, contact with other participants and objects, the effects of weather, traffic, and the conditions of the streets and route used by the Event and I assert that my participation in this Event is voluntary.

In consideration for being permitted to participate in this Event, I, for myself and for anyone entitled to act on my behalf, hereby waive and release from any and all claims for injuries and damages I may have arising out of the Event or my participation in the Event (including without limitation any pre- and post-Event activities), against The Weekend, CauseForce, Inc., CauseWorks, Inc., The Princess Margaret Hospital Foundation and The Princess Margaret, the University Health Network, the City of Toronto, the Province of Ontario, Canada, Canada Lands Company CLC Limited and its property managers, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the Event, Walkers, Crew Members, participants, third-party vendors, government or public entities (including, without limitation, the Department of Transportation), and their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, the medical director, and members of the medical team.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this Event, even though that liability may arise from negligence, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained, or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives.

I attest that I am physically capable of, and have sufficiently trained for, completing this Event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider has been apprised of, and has approved of, my participation in this Event. I acknowledge that I, and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this Event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the Event is subject to the sole discretion of the organizers of the Event, and that my participation may be limited or terminated, with or without cause.

I represent and warrant that I will be at least 16 years old at the time of the Event. If I am under the age of 18, I understand I MUST have a guardian accompany me on the Event as a fellow registered participant.

I understand that all donations processed by The Weekend donation office are non-refundable and non-transferable, even if I do not participate in the Event. I further understand that my \$75 registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax receiptable.

If I am a Walker, I understand that I must raise \$1,250 to walk on Saturday or \$2,000 to walk the entire Event. If I have not raised these minimums before September 7, 2013, I may make my own donation to reach that minimum in order to walk.

I give permission for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of this Event or marketing or promotion for future or similar events, and waive any rights of privacy I may have in that regard.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign it of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Please print first and last name here _____

Signature of participant (or guardian if participant is under 18) _____ Date _____

Help us contact someone who may be interested in learning more about The Weekend

First Name _____ Last Name _____

Address _____ City _____ Province _____ Postal Code _____

Email _____ Phone _____

Meet your fellow participants

Are you willing to share your contact information with fellow participants? Yes No

If you mark "yes", your information will only be shared with other registrants of The Weekend for the purpose of Training Walks, event invitations, and other official Weekend activities. Your contact information will not be used for any other reasons. Please visit endcancer.ca for our complete Privacy Policy.

Mail the completed form and registration fee or register online

The Weekend to End Women's Cancers
460 Richmond St. W. Suite 500
Toronto, ON M5V 1Y1

Please note that the Shoppers Drug Mart Weekend to End Women's Cancers, The Princess Margaret Hospital Foundation, and CauseForce, Inc. (CauseWorks, Inc.) cannot make any guarantees about what percentage of a donation will remain for the cause and what percentage will help cover the expenses of the event. This depends entirely on how many people participate and how much money they raise. The more we raise, the greater the percentage that will remain for the cause. Please inform your donors of this fact. For more information, please visit endcancer.ca.

endcancer.ca 416.815.WALK (9255)

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