

REGISTRATION INFO

- Please check this box if you have also registered online. If so, please write your name as you have recorded it online so that we can match your profiles.
- Please bring this form and all funds collected to your local *Ride for the Breath of Life*. Partial donations will not be accepted. Cheques can be made payable to **Cystic Fibrosis Canada**.

If you cannot attend your local *Ride for the Breath of Life*, please mail this form, with all funds to:

Ride for the Breath of Life c/o Cystic Fibrosis Canada,
2323 Yonge Street, Suite 800, Toronto, ON, M4P 2C9

Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			Apt:		
City:		Province:	Postal Code:		
Tel (Home):		Tel (Business):		Ext:	
E-mail:					
Number of Participants (Including yourself):			Language Preference: <input type="checkbox"/> EN <input type="checkbox"/> FR		
Are you a Kin Canada Member?		District #:		Club Name:	
Team Name:		Team Captain's Name:		<i>Please write your Team name exactly as it is registered online.</i>	
I would like to make a personal pledge of \$					
What is your age group?					
<input type="checkbox"/> 5 and under <input type="checkbox"/> 6-16 <input type="checkbox"/> 17-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-54 <input type="checkbox"/> 55+					

WAIVER, INDEMNITY & PHOTO RELEASE: Please read carefully.

I agree: 1) That at all times during Ride for the Breath of Life my safety remains my sole responsibility and 2) that I will discontinue from participating in this event if requested to do so by any representatives of Cystic Fibrosis Canada and 3) that I am aware of the inherent risks in participating in this event and voluntarily assume such risks. IN CONSIDERATION of acceptance as a participant in this event, I myself, my heirs, administrators and assigns HEREBY RELEASE, WAIVE and FOREVER DISCHARGE Cystic Fibrosis Canada and all its associations and sponsoring companies and all its respective agents, officials, officers, directors, employees, servants, conductors, representatives, successors and assigns OF AND FROM ALL claims, demands, payments, actions, causes of action, damages, costs and expenses, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED arising or to arise by reason of my participation in the said event AND NOTWITHSTANDING that same may have been contributed by the negligence of any of the aforesaid. I FURTHER UNDERTAKE TO HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all the aforesaid from and against any and all liability incurred by and or all of them arising as a result or in any way connected to my participation in said event. BY SUBMITTING THIS ENTRY I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED to the above AGREEMENT, RELEASE, WAIVER AND INDEMNITY, I WARRANT that I am physically able to participate in this event. I, THE UNDERSIGNED, ALSO GRANT Cystic Fibrosis Canada, in whole or in part, the right to use the film footage/photographs of myself or of my children, produced for promotional purposes provided that said footage/prints, in whole or in part, including voice-overs, be used by the above mentioned organization.

Driver Name (print): _____

Passenger's name (print): _____

*In the event a parent or guardian is accompanying more than one minor from the same household, the parent or guardian is permitted to sign one waiver, as long as all participating minors are listed above. I approve and give my consent to the participation of the said minor(s) in this event and also adopt the above release for myself.

Cystic Fibrosis Canada's



Raising funds to help find a cure or control for cystic fibrosis



INFECTION PREVENTION & CONTROL POLICY

Cystic Fibrosis Canada's Infection Prevention and Control Policy: The health and well-being of people with cystic fibrosis is our top priority. Attendance by people with cystic fibrosis to Cystic Fibrosis Canada's hosted or sponsored outdoor events are at the individuals' own risk. For more information on Cystic Fibrosis Canada's Infection Prevention & Control Policy, please visit: www.cysticfibrosis.ca/about-us/infection-prevention-and-control

www.rideforthebreathoflife.ca

IMPORTANT INFORMATION

Collecting Pledges

- Please make all cheques payable to Cystic Fibrosis Canada.
- You can easily collect donations and print additional pledge forms online at: www.rideforthebreathoflife.ca.
- Do not add online paid donations on your paper pledge form.
- Total your pledges before Ride day registration. Be sure the amount collected matches your pledge form total.
- Bring all funds with you to your Ride for the Breath of Life.

Tax Receipts

- Advise your donors that tax-credible receipts will be issued automatically for all donations over \$20.
- Donor information must be complete in order to receive a tax receipt (name, full address including postal code). This applies even if the donor would like an electronic tax receipt.
- Electronic tax receipts will be issued if an email address is provided (full mailing address must still be written in order to receive any tax receipt).



						Amount		Tax Receipt Requested
						Cash	Cheque	
Donor Name:	Tel:		Email:					<input type="checkbox"/> Print
Address:	Apt #:	City:	Province:	Postal Code:				<input type="checkbox"/> Electronic
Donor Name:	Tel:		Email:					<input type="checkbox"/> Print
Address:	Apt #:	City:	Province:	Postal Code:				<input type="checkbox"/> Electronic
Total Cash						Total Cheque	Page Total	

I would like to pay the balance of my donors pledges in full by:

Cash Cheque Credit Card Visa MasterCard Amex

Name on Card: _____

Credit Card #: _____ Expiry Date: _____

Amount: _____ Signature: _____

By completing this form, you hereby consent to the collection and use, by Cystic Fibrosis Canada of your personal information in accordance with Cystic Fibrosis Canada's Privacy Policy. Details of our policy are available by sending an e-mail to privacy@cysticfibrosis.ca with "Attention Privacy Officer" in the subject line, or by contacting Cystic Fibrosis Canada at **1-800-378-2233**. Charitable registration # 10684 5100 RR0001

Admin	R	#	\$
Use Only	U	#	\$

Total Pledges:	
My Personal Pledge:	
Registration Fee:	
Passenger Registration Fee:	
Total (This Page Only):	