Rankin Cancer Run Registration Form

FULL NAME
FIRST & LAST

ADDRESS

CITY | POSTAL CODE | PHONE ( )

EMAIL | TEAM NAME

SIGNATURE OF PARTICIPANT (over 18 years) DATE

PLEASE READ CAREFULLY:
In consideration of Niagara Cancer Care Run Foundation ("NCCR") o/a Rankin Cancer Run (for Niagara) accepting my entry, by signing for myself and my heirs, I hereby release NCCR and all volunteers assisting in the walk/run from liability and waive any and all claims for all damages whatsoever, including claims for negligence, which I may have as a result of my participation in this walk/run. I acknowledge that I have read this release in its entirety, and that I understand and agree to be bound by its terms. I also consent to the use of the personal information contained in this entry form for the purpose of soliciting my participation in future Niagara Cancer Care events. I also consent to the use of my name, my walk/run results and awards, my category, and photos of me from the event in any form of promotional material for NCCR o/a Rankin Cancer Run.

Please consider collecting a few sponsors/donors to add under your registration fee.

What makes this event unique?
Organized and run by volunteers. All proceeds stay in Niagara for immediate cancer care . . . all cancers.

Register online. Get more registration forms for your colleagues, friends and families from www.rankincancerrun.com

THE RANKIN CANCER RUN GRATEFULLY ACKNOWLEDGES THE GENEROUS SPONSORSHIP OF THIS PAGE FROM
Sunshine Express GARDEN CENTRE

www.rankincancerrun.com

Your Registration Fee

CHECK 1 BOX >

☐ **ADULT $20.each** Registration includes a free t-shirt. Each adult must have own registration form.

☐ **STUDENT $10.each** School teams = nursery, elementary,secondary or post secondary institutions.

☐ **NO FEE** If you raise $100. or more, your registration is free.

Registration Fee includes one t-shirt.
Registration Fee **DOES NOT** include a tax receipt.

Enter Registration Fee Amount > AMOUNT
does not include a tax receipt

Registrant's Sponsors/Donors

SPONSOR NAME	EMAIL ADDRESS	MAILING ADDRESS, CITY, POSTAL CODE	AMOUNT	PAID	RECEIPT*

PLEASE MAKE CHEQUES PAYABLE TO **RANKIN CANCER RUN** (FOR NIAGARA) *RECEIPTS ISSUED FOR DONATIONS OF $20. OR MORE (UNLESS REQUESTED). IF INFORMATION CANNOT BE READ OR IS INCOMPLETE - NO TAX RECEIPT WILL BE ISSUED.

Total amount received

For Participants Younger than 18 and For Participants' Family Members Under 18

One parent's signature can cover all their children under 18 years. Anyone over 18 must have their OWN form. If an additional parent is participating – they must have their own signed registration form. The names of the family members under 18 should be listed on the lines to the right.

SIGNATURE OF PARENT/GUARDIAN (participants 18 and under) DATE

Please list names of family members participating under the parent's signature and information filled in above in "Rankin Cancer Run Registration Form".

Meridian Bank Stamp

$_____ AMOUNT

$_____ AMOUNT

total cash/cheques deposited

PLEASE RETURN THIS DONATION FORM TO THE PARTICIPANT

CHARITABLE REGISTRATION NUMBER 86231 3699 RR0001

Donations may be deposited at any branch of Meridian Credit Union in Ontario.