REGISTRATION INFO

LOCATION CODE
ADMIN USE ONLY

1) ❑ 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.
2) 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 by ***DATE (1 week after Ride)***

Last Name:	First Name:	
Address:	Apt#:	
City:	Province:	Postal Code:
Telephone (home):	(business):	ext.:
E-mail:	Language preference: ❑ English ❑ French	
# of participants (including yourself):		
Are you a ❑ Kin Canada Member? (District# ____) Club Name (_____)		
Team Information Team Name: _____ Team Captain Name: _____ *Please write your team name exactly as it is registered online.*		

Do you know someone with cystic fibrosis? ❑ YES ❑ NO

Where did you hear about the Ride for the Breath of Life?

❑ Volunteer or Staff
❑ E-mail
❑ Friends or Family
❑ Mail
❑ Advertising or Media
❑ Facebook
❑ Twitter (@CFCanada)
❑ Other _____

❑ MALE ❑ FEMALE

What is your age group?

❑ 5 and under
❑ 6 - 16
❑ 17 - 25
❑ 26 - 35
❑ 36 - 45
❑ 46 - 54
❑ 55+ years

WAIVER, INDEMNITY & PHOTO RELEASE: Please read carefully

I agree: 1) That at all times during the Ride for the Breath of Life my safety remains my sole responsibility and 2) that I am aware of the inherent risks in participating in this event and voluntarily assume such risks.

IN CONSIDERATION of your allowing the event to be a Cystic Fibrosis Canada fundraiser, 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, that I have received medical clearance to attempt the event and that I have in place adequate insurance covering all risks associated with my participating in the event.

I, the undersigned, also grant to 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 exclusively 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.*

Name of Parent or Guardian: _____ *Signature:* _____

Address: _____ *Postal Code:* _____

Phone Number: _____ *Date:* _____

DATE OF RIDE

Please remember...

Important Information:

- You can easily collect donations online at **www.rideforthebreathoflife.ca**
- Fill in all personal information and sign the Waiver, Indemnity & Photo Release on this form
- Keep a photocopy of this form for your records
- Registration is $30/person or FREE with $150 or more in pledges

Collecting Pledges:

- Please make all cheques payable to **Cystic Fibrosis Canada**.
- You can print additional pledge pages from **www.rideforthebreathoflife.ca**
- Do not add online, paid donations on your paper pledge form
- Total your pledges before walk 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-creditable 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).

14-Ride Batch Slip	# of Transactions	$ Amount
Receiptable Amount		
Unreceiptable Amount		
Total Quantity		
Total Amount		

ADMIN USE ONLY

Cystic Fibrosis Canada

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

RIDE FOR THE BREATH OF LIFE

PLEDGE INFORMATION

Tax-creditable receipts will be issued for all donations over $20. Donor information must be complete in order to receive a tax receipt (name, full address including postal code). 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). **Please photocopy this form for your records.**

	Donor's Name (First/Last)	Phone	E-mail		Amount Cash	Amount Cheque	Tax Receipt Requested
1	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
2	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
3	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
4	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
5	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
6	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
7	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
8	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
9	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
10	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic

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

❑ Cash ❑ Cheque ❑ Credit Card (circle one): VISA MasterCard AMEX

Name on Card: _____ Credit card#: _____ Expiry Date: _____

Amount: _____ Signature: _____

Total Cash	Total Cheque	Page Total
Total Pledges:		
My Personal Pledge:		
Registration Fee:		
GRAND Total:		

Pg ___ of ___

Cystic Fibrosis Canada

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R	#	$
U	#	$

ADMIN USE ONLY

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1	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
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3	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
4	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
5	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
6	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
7	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
8	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
9	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic
10	Suite/Apt/Unit – Address	City	Province	Postal Code			❑ print ❑ electronic

Total Cash	Total Cheque	Page Total
Total Pledges:		
My Personal Pledge:		
Registration Fee:		
GRAND Total:		

Pg ___ of ___

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R	#	$
U	#	$

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