

bib no. \_\_\_\_\_

## INDIVIDUAL

FOURTH ANNUAL  
**BEDFORD 5k**  
 TO BEAT  LUNG CANCER  
 Bedford, NS July 3 2011

**Registration fees are non-refundable, non-deferrable and non-transferrable under any circumstances.**

No registration or bib pickup on race day available. Waiver signature (Part 2) is mandatory for registration. Complete Participant Information section in full.

**PARTICIPANT INFORMATION** (please complete ALL fields)Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex  F  M

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Cell \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email\* \_\_\_\_\_

**EVENT REGISTRATION FEE<sup>†</sup>**I will participate in  5k Route  500m Sprint Route

- Adult (16 and over on Race Day) \$25  
 Senior (60 and over on Race Day) \$20  
 Junior (under 12 on Race Day) †*must be accompanied by registered adult* \$10

**DONATIONS<sup>†</sup>** I also wish to make a donation to the Canadian Cancer Society in the amount of: \$ \_\_\_\_\_Total to be billed to my credit card/paid with enclosed cheque (total of registration fee + donation) \$ **PAYMENT** Cheque (**payable to the Canadian Cancer Society**) within 5 business days. All NSF cheques will be charged \$40. We cannot accept post-dated cheques. No cheques after June 16th. VISA<sup>§</sup>  MASTERCARD<sup>§</sup>

Card No. \_\_\_\_\_ Card Holder \_\_\_\_\_  
 Expiry \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_

Online registration at [www.bedford5k.com](http://www.bedford5k.com) once available.

**Mail:** Send completed entry form with payment **payable to the Canadian Cancer Society** to:  
 The Bedford 5k to Beat Lung Cancer, c/o QB Marketing, PO Box 48023, Bedford, NS, B4A 3Z2.

**Proud Supporter**

Canadian Cancer Society  
 Société canadienne  
 du cancer

NOVA SCOTIA DIVISION

\* Confirmation of your registration will be issued by email. People registering online will receive confirmation more quickly than mail or drop-off registrants

† Participants under 16 years of age must be accompanied by a registered adult participant

‡ All proceeds go to the Canadian Cancer Society. Canadian Cancer Society will issue tax receipts on donation amounts (not including registration fee) of \$20 or higher

§ Canadian Cancer Society will be the charge posted on credit card statements

# INDIVIDUAL



## **MEDICAL WAIVER** - MUST BE COMPLETED BY ALL PARTICIPANTS

Name \_\_\_\_\_ Age (as of Race Day) \_\_\_\_\_

**Health Problems**       None     Yes *(List all active and chronic medical conditions)* \_\_\_\_\_

**Medications**         None     Yes *(List names and dosages)* \_\_\_\_\_

**Environmental Allergies**     None     Yes *(List names and dosages, causes and reactions)* \_\_\_\_\_

**Medical Allergies**         None     Yes *(List drug and type of reaction)* \_\_\_\_\_

**Speak English**          Yes       No *(List alternate language)* \_\_\_\_\_

### **Waiver of Liability**

**IMPORTANT: THIS IS A LEGAL COMMITMENT; READ IN FULL AND UNDERSTAND BEFORE AGREEING TO, AND ACCEPTING, THE TERMS HEREUNDER**

In order to participate in the Bedford 5k to Beat Lung Cancer, you must accept and agree to the terms contained herein, which is a Release and Waiver of Liability ("Release") in favour of the Bedford 5k to Beat Lung Cancer, and the Canadian Cancer Society, its directors and employees, the City of Halifax, the Province of Nova Scotia, race volunteers, sponsors and each and every affiliate, agent and representative of the foregoing (collectively, all such parties are the "Released Parties") and by doing so, in consideration of you being accepted to participate in the Bedford 5k to Beat Lung Cancer and for other good and valuable consideration (the sufficiency of which is hereby acknowledged), you agree as follows:

**ASSUMPTION OF RISK:** I recognize and understand the risks associated with participating in the Bedford 5k to Beat Lung Cancer any other running or walking event (collectively, "Events") may include risks that could be hazardous to me, and may put me at risk of serious injury or illness, including death. I acknowledge that these risks and dangers may arise from any number of circumstances, including those caused by terrain, weather conditions, equipment, facilities, vehicular traffic, other participants in the Events, failures to follow safety procedures, diagnosed or undiagnosed health conditions, and actions of other people. I acknowledge that participating in any of the Events requires proper physical training and I further acknowledge that I am solely responsible for ensuring that I am physically capable of participating in the Events. I hereby expressly and specifically assume the risk of injury or harm in the Activities. I further confirm and agree that this Release will apply to all Events in which I participate.

**WAIVER AND RELEASE:** To the fullest extent permitted by law, I hereby forever release, waive, covenant not to sue, exonerate, discharge and agree to hold harmless the Released Parties from any and all liability, claims, demands, and causes of action whatsoever that I may have against the Released Parties with respect to any injury, illness, death, property damage or other loss that may result, directly or indirectly, from my participation in any of the Events. I specifically understand and agree that this Release forever discharges the Released Parties from any liability or claim that I may have against the Released Parties with respect to any injury, illness, death, property damage or other loss that may result from the Events, whether caused by the negligence of the Released Parties or otherwise. I further understand and confirm that the Released Parties do not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death, property damage or other loss.

**MEDICAL TREATMENT:** If I am unable to consent at the time due to injury or illness, I hereby consent to the administration of first aid and other emergency medical treatment for such injury or illness that occurs during any of my participation in the Events. Further, I hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered as contemplated hereunder.

**OTHER:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Province of Nova Scotia and that this Release shall be governed by and interpreted in accordance with the laws of the Province of Nova Scotia and the laws of Canada applicable therein. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invaliding of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. I further agree that this Release shall bind my assigns, heirs, administrators and executors forever.

All photographs, video or any images taken by employees, directors, representatives or agents of the Bedford 5k to Beat Lung Cancer are the property of the Bedford 5k to Beat Lung Cancer and may be used without the permission of the photographed person. I agree:

Waiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_

*required for entrants under 19 years of age*