

REGISTER TODAY.

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



1. General information

First Name: _____ Initial: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Email Address: _____ Home Phone: _____
Please include your email address so we can send you important Weekend updates

Employer Name: _____ Other Phone: _____

Date of Birth: _____ Gender: Female Male
Must be at least 16 years of age at time of event

How did you hear about The Pharmaprix® Weekend to End Women's Cancers™?

Radio Station: _____ TV Channel: _____

Newspaper/Publication: _____

Friend or Relative Previous Participant

How else did you hear about The Weekend?

Do you require a vegetarian meal? Yes

If a registered Walker referred you, please enter their participant number (please enter the first 6 digits only).

Referrer Participant Number: _____

Referrer Name: _____

T-shirt size:

- Small
 Medium
 Large
 Extra Large
 XX Large

Select the area you would like your fundraising dollars directed to:

- (If you skip this question, your dollars will go to the Discovery Fund)
 Discovery Fund for Cancers that Impact Women
(Discovery Fund research has applications across a wide range of cancers)
 Breast Cancer
 Gynecologic Cancers

Are you a cancer survivor?

- Y N

2. What language do you prefer to receive communications in?

French English

3. Team or individual participation

Create a new team /Join an existing team

What is your team name? _____

Are you? Creating a new team Joining an existing team

Are you joining as a: Team Member Team Captain

Register as an individual

You can also sign up as an individual Walker or Crew Member. At any time after registering, you can join an existing team or start a new one.

4. Registration type

2-Day Walker Registered 2-Day Walkers commit to raising \$2,000 for The Pharmaprix Weekend to End Women's Cancers benefiting the Jewish General Hospital to participate in the 60 kilometre walk on Saturday and Sunday, August 28-29, 2010.

1-Day Walker Registered 1-Day Walkers commit to raising \$1,250 for The Pharmaprix Weekend to End Women's Cancers benefiting the Jewish General Hospital to participate in the 30+ kilometre walk on Saturday, August 28, 2010. 1-Day Walkers receive free transportation back from Camp upon finishing the walk on Saturday.

Crew Member Crew Members must attend the entire event in a service capacity and they do not walk the 60 km route. Crew Members are not required to fundraise, but they are strongly encouraged to raise a minimum of \$500 so that more money remains with the cause.

What is your individual fundraising goal? (Suggested goal: \$3,200) _____

5. Registration fee

Please submit your non-refundable, non-transferable \$75 registration fee with your registration form. This fee does not apply toward your fundraising commitment and is not tax receiptable. Please do not send cash.

Method of Payment: Cheque made payable to The Weekend to End Women's Cancers
 Visa Mastercard Amex Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Cardholder Signature: _____

Would you like to make an additional gift along with your registration fee? Additional donation: _____

More important information is on the back! Please turn over and complete the other side. ▶

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

I wish to participate as either a 1-Day or 2-Day Walker in The Pharmaprix Weekend to End Women's Cancers, a 30+ or a 60 kilometre walk, scheduled to take place in Montreal on August 28-29, 2010, and I agree to abide by the 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 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 Sir Mortimer B. Davis-Jewish General Hospital and The Sir Mortimer B. Davis-Jewish General Hospital Foundation, the City of Montreal, the Province of Quebec, Canada, 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 have sufficiently trained for and am physically capable of 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 or older 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 deductible.

If I am a Walker, I understand 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 August 28, 2010, 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 QUEBEC. THE QUEBEC COURTS IN THE JUDICIAL DISTRICT OF MONTREAL 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 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.

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

Date

7. If you know someone interested in learning more about The Weekend, please provide their contact information here:

First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone: _____

8. Meet your fellow participants

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

No, I would not like to receive periodic updates and communication pieces (i.e., newsletters and annual reports) from the Jewish General Hospital.

9. Please send completed form and registration fee directly to:

The Weekend to End Women's Cancers
202-666 Sherbrooke W | Montreal QC H3A 1E7

Or register online at endcancer.ca
Questions? Call 514 393.WALK (9255)

Official National Title Sponsor

PHARMAPRIX 

Please note that The Pharmaprix Weekend to End Women's Cancers, the Jewish General Hospital, 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 on 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.

The Weekend to End Women's Cancers is a trademark of Princess Margaret Hospital Foundation, used under license; Shoppers Drug Mart is a registered trademark of 911979 Alberta Ltd., used under license.