14th HOPE Race for Recovery

Participant _____ Address _____

City _____ Prov _____ Postal Code _____ E-mail _____

Phone _____ School/Team Name _____ Team Captain _____

I am a student □ School: _____

I request that my run be timed: 5km □ 10km □

I am participating as a member of a team (please select one category)

- Corporate Team □
- School Team □
- Family Team □
- Other □

Please read Team Information on brochure

Make cheques payable to HOPE Cancer Help Centre Inc. – Please print clearly-

Receipts will be issued for pledges of $10 or more if requested on this form. Name and address must be legible.

Donor's Name	Address	City	Prov	Postal Code	Phone	Pledge Amount	Receipt Y	Receipt N
SUBTOTAL – carry to next page						**$**		

Waiver of Liability:

I accept all physical and legal risks involved in participating in this run. I agree to comply with the rules, regulations and event instructions of the Race for Recovery. In consideration of accepting my entry, I hereby waive and release HOPE Cancer Help Centre Inc., City of Saskatoon, all sponsors of this race and their employees and agents from any claim or loss, damage or injury which I, or my dependents, heirs or assigns, may have in any way arising from my participation in this run, including any loss, damage or injury resulting from the negligence of any or all of them. I have read and understood the waiver of liability appearing above and I indicate my acceptance of the above waiver by signing below. I also give full permission for use of my photograph in connection with this event.

Signature _____ Date: _____ Parent/Guardian (if entrant is under 18) _____

Make cheques payable to *HOPE* Cancer Help Centre Inc. – Please print clearly-

Receipts will be issued for pledges of $10 or more if requested on this form. Name and address must be legible.

Subtotal (from previous page)						**$**		
TOTAL						**$**		