



## WAIVER AND RELEASE

IN CONSIDERATION OF my acceptance of my entry in the **2017 Canadian Cancer Society Manitoba School Dragon Boat Challenge**, to be held June 4, 2017, and all preceding practices, I hereby waive and release the Manitoba Paddling Association (MPA) and/or the Canadian Cancer Society (CCS), their directors, officers, employees, agents, representatives, successors and assigns from and against all claims, actions, demands, costs and expense in respect to death, injury, loss or damage to my personal property, howsoever caused, contributed to or occasioned by the negligence of the MPA and CCS, their directors, officers, employees, agents, representatives, successors and assigns.

This Waiver and Release shall be binding upon me, my heirs, executors and administrators.

I hereby grant permission to any of the above, described persons to use any pictures of myself or my likeness while participating in this program without obligation or liability to me.

By signing this form I am issuing my consent for the following information to be forwarded to The Manitoba Paddling Association for administrative purposes.

This information may be used to contact me with information regarding programs and services offered by The Manitoba Paddling Association, its clubs and sponsors. This information will NOT be distributed to any outside organizations. I may decline receiving further information from the Manitoba Paddling Association by checking the box below.

- I do not want to receive information regarding future programs and services offered by the Manitoba Paddling Association and its sponsors.

### PLEASE COMPLETE SECTIONS I and/or II:

- I. I acknowledge that I am the full age of eighteen years. If not, I have obtained the consent of my parents to participate in this program.

I acknowledge that I have read this document before signing it and have had and opportunity to obtain an explanation as to its contents.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
PLEASE PRINT NAME

- II. If the participant is under eighteen years of age, the following should be completed by the parent or legal guardian of the participant.

I, being a parent of legal guardian of \_\_\_\_\_, hereby agree that  
(NAME OF PARTICIPANT)  
the foregoing Waiver and release shall be binding upon my child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
POSTAL CODE

\_\_\_\_\_  
PHONE NUMBER



February 16, 2017

Dear Paddler Parent;

The Canadian Cancer Society Manitoba School Dragon Boat Challenge is a fun event that engages students in leadership, philanthropy and teamwork.

Last year I organized a dragon boat team at my school, and I encourage other high school students to do the same!

Fundraising and supporting this cause is very near and dear to my heart. Many people I know have beaten cancer, but I also lost one of my heroes to cancer. This event gives students all the tools to make a difference in the fight against cancer. Even if you haven't personally gone through a cancer experience, chances are you know someone who has.

Your child can start fundraising by asking relatives, neighbours and teachers to pledge them in their team's support of the fight against cancer. Teachers are usually willing to support school events, and it helps when you ask people in person and let them know where their money is going. Students can ask their teacher to set up the online fundraising page for their team, which is a safe and easy way for people across the country to donate and help your child reach and even surpass your fundraising goals.

The top 3 fundraising teams receive \$2,000, \$1,000 and \$500 bursaries to be used toward a school related activity.

I'm now a first year university student, I skate competitively, I live a very active life, and I count my experience with the Dragon Boat Challenge as one of my high school highlights that helped set me on a path towards making a difference in the world around me!

I wish your child good luck with their fundraising and lots of fun paddling!

Nicole Rogowsky  
1<sup>st</sup> year university student, 2016 River East dragon boat team captain

P.S. If your young paddler has any fundraising questions, please call 204-788-4547, or e-mail [dragonboat@mb.cancer.ca](mailto:dragonboat@mb.cancer.ca)



Canadian Cancer Society  
Société canadienne du cancer

193 Sherbrook Street Winnipeg, MB R3C 2B7

*Leading the fight against cancer for 75 years*

Canadian Cancer Society  
 193 Sherbrook Street  
 Winnipeg, MB R3C 2B7  
 1-888-532-6982  
**Pledge Form**

**CANADIAN CANCER SOCIETY**  
**DRAGON BOAT**  
**MANITOBA SCHOOL CHALLENGE**  
 204.774.7483 | [cancer.ca](http://cancer.ca)



Canadian Cancer Society  
 Société canadienne du cancer

[www.cancer.ca](http://www.cancer.ca)

Participant: \_\_\_\_\_ Team #: \_\_\_\_\_  
 Participant Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Company Name: \_\_\_\_\_

Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
Name	Address	City/Town	Postal Code	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MASTER CARD	Donation \$	Expiry Date MM/YY
Phone	*Email						
<b>For office use only: \$Received:</b>						<b>INITIAL:</b>	
<b>Date:</b>						<b>TOTAL</b>	

Please return pledge forms to the Canadian Cancer Society at 193 Sherbrook Street in Winnipeg by May 31, 2017  
 All cheques payable to: Canadian Cancer Society. Tax Receipts will be issued for donations of \$20 or more, but only if the donor's name and address is clearly printed and complete.  
 \*By providing your email address you agree to be contacted by the Cancer Society about upcoming events and cancer information. Your email will not be used for any other purposes.  
 Charitable reg. #11882 9803 RR0001