

### Participant Entry Form

Waiver: In consideration of acceptance of this entry, I hereby, for myself, my executors, administrators and assigns, waive and release the Colrectal Cancer Association of Canada, the City of Winnipeg, the Events committee, their organizers, sponsors, representative, agents and employees and any other parties assisting in this event from any claims for damages from injury to my person or property, however suffered by me as a result of my attendance at or participation in this event, notwithstanding that the same may have been contributed to or occasioned by the negligence of any of the aforementioned.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Evening Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ School or Company \_\_\_\_\_  
 Event Entered \_\_\_\_\_ Email Address \_\_\_\_\_

#### Funds Raised

NAME	ADDRESS	CITY/PROV/PCODE	PLEDGE	PAID

Mail Completed Pledge Forms to: KICK BUTT, 225 YALE AVENUE, WINNIPEG, MB R3M 0L3  
 Make cheques payable to: KICK BUTT FOR COLORECTAL CANCER