2012 REGISTRATION FORM – SIGN UP TODAY!

One person per registration form. Please print clearly and complete BOTH sides of the form as applicable. All fields are required.

You can also register online at teamuptoconquercancer.ca

1. GENERAL INFORMATION

First Name | Initial | Last Name

Mailing Address | City | Province | Postal Code

Email Address (Please include your email address so we can send you important Road Hockey Updates) | Home Phone

Employer Name | Other Phone | ❑ Cell/Mobile ❑ Business

Date of Birth (Must be at least 16 years of age at time of event) | ❑ Male ❑ Female

Emergency Contact Name | Emergency Contact Phone

If you were referred by another ROAD HOCKEY TO CONQUER CANCER participant, please write their participant name/number above

How did you hear about ROAD HOCKEY TO CONQUER CANCER?
❑ Radio Station ❑ TV ❑ Newspaper/Publication ❑ On-site Presentation ❑ Friend/Relative/Co-Worker ❑ Online

How else did you hear about ROAD HOCKEY TO CONQUER CANCER? _____

Do you prefer vegetarian meals at the event? ❑ Yes ❑ No

Jersey size: ❑ Sm ❑ Med ❑ Lg ❑ XL ❑ XXL *PLEASE ENSURE YOU ARE CONFIDENT IN THE SIZE OF ROAD HOCKEY JERSEY YOU HAVE ORDERED.*

What is your individual fundraising goal? (Event minimium $1,000.00) _____

What is your team fundraising goal? (Event minimium $10,000.00) _____

Would you like to identify yourself as a cancer survivor? ❑ Yes ❑ No

2. SUPPORTED CAUSE

Please select the specific type of Cancer you would like to Fundraise for:

- ❑ The Priority Cancer Discovery Fund
- ❑ Brain/Central Nervous System Cancer
- ❑ Breast Cancer
- ❑ Pediatric Cancer
- ❑ Gastrointestinal (GI) Cancer
- ❑ Gynaecological Cancer
- ❑ Head & Neck Cancer
- ❑ Haematological (blood) Cancer
- ❑ Prostate and Genitourinary (GU) Cancer
- ❑ Sarcoma Cancer
- ❑ Lung Cancer
- ❑ Skin Cancer
- ❑ Endocrine Cancers

3. PARTICIPANT INFORMATION

Are you registering as a:
❑ Team Captain — What is your Team name? _____
❑ Team Member — Name of Team or Captain: _____
❑ Individual — Individual players will be added to our recruitment pool and guaranteed to be placed on a team.

RHCC will be creating appropriate divisions based on Team Captain input. More information available at teamuptoconquercancer.ca

4. REGISTRATION FEE

Please submit your non-refundable, non-transferable $50 registration fee with your registration form. This fee does not apply toward your fundraising commitment and is not tax deductible. Please do not send cash.

Method of payment: ❑ Visa ❑ MasterCard ❑ Amex ❑ Cheque made payable to ROAD HOCKEY TO CONQUER CANCER

Cardholder Name | Cardholders Signature

Card Number | Expiry Date

Please turn over and complete the other side

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5. BECOME AN MVP

Become an MVP and you'll be involved to an even higher degree as a key enthusiast for ROAD HOCKEY TO CONQUER CANCER.

MVP Program Levels:

1 Hall of Famer
2 Franchise Player
3 All-Star

Fundraising/Recruitment Levels:

1 **Hall of Famer – Receives all Honours**
   i $20,000+ raised personally – *or* –
   ii Recruitment of three Team Captains who participate (along with their teammates) and raise the minimum.
2 **Franchise Player – Receives Honours A-E**
   i $10,000 raised personally – *or* –
   ii Recruitment of three Team Captains who participate (along with their teammates) and raise the minimum.
3 **All-Star – Receives Honours A-D**
   i $5,000 raised personally – *or* –
   ii Recruitment of three Team Captains who participate (along with their teammates) and raise the minimum.

Honours:

A Online recognition on the RHCC website
B Invitation to post-event reception
C Name honoured in thank you advertisement
D MVP patch/clothing recognition for official hockey jersey
E Recognition on the commemorative plaque
F Induction into the ROAD HOCKEY TO CONQUER CANCER Hall of Fame

6. WAIVER AND RELEASE OF LIABILITY *(PLEASE READ AND SIGN BELOW)*

I wish to participate in Road Hockey to Conquer Cancer benefiting The Princess Margaret Hospital and Canadian Cancer Society, scheduled to take place in Toronto on September 29, 2012, and I agree to abide by all rules and regulations, and event 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 parking lots 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 personal injury or death. I am aware of and expressly assume all risks associated with participating in the event, including, without limitation, falls, contact with other participants, objects, road hockey equipment and vehicles, the effects of weather, traffic, and other the conditions of the streets/parking lots 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 Road Hockey to Conquer Cancer, SDIMKTG, The Princess Margaret Hospital Foundation and The Princess Margaret Hospital and Canadian Cancer Society, the University Health Network, the City of Toronto, the province of Ontario, Canada, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, Players, Game Day Crew Members, consultants, participants, third-party vendors, government or public entities, 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, in advance, to waive my rights, to covenant not to sue to release for future claims, and to discharge all of the persons and entities mentioned above, from any and all loss for or damage, including, but not limited to claims for damages for death, personal injury or property damage that I may have, or which any 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 attest that I am physically capable of, and have sufficiently trained for, participating in this event. If I am aware of or under treatment for any physical infirmity, disorder, 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 of age at the time of the event. I understand that all donations processed by Road Hockey to Conquer Cancer donation office are non-refundable and non-transferable, even if I do not participate in the event. I further understand that my registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax deductible. If I am a Player, I understand that I must raise at least $1,250 in order to participant in this event. If I have not raised at least $1,250 by September 30, 2011, I may make my own donation to reach that minimum in order to participate. I give permission to Road Hockey to Conquer Cancer, SDIMKTG, The Princess Margaret Hospital, Canadian Cancer Society, and the University Health Network 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, and I understand and consent that I will be periodically receiving communications related to my participation in the Road Hockey to Conquer Cancer event. THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS 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 understand that I am giving up substantial rights, including my right to sue. 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 to the greatest extend allowed by law.

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

7. 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 Road Hockey to Conquer Cancer for the purpose of training games, invitations, and other official event reasons. Your contact information will not be used for any other reasons. Please visit teamuptoconquercancer.ca for our complete Privacy Policy.

❑ No, I would not like to receive periodic updates and communication pieces (ie. newsletters and annual reports) from The Princess Margaret Hospital Foundation.

8. COMPLETED FORMS

PLEASE SEND COMPLETED FORM AND REGISTRATION FEE DIRECTLY TO:
THE PRINCESS MARGARET HOSPITAL FOUNDATION
946 Lawrence Ave East
PO BOX 47529
Don Mills, ON M3C 3S7
You can also register online at **teamuptoconquercancer.ca**
Questions? **Call 1.877.541.I'M IN (4646)**

Please note that ROAD HOCKEY TO CONQUER CANCER, The Princess Margaret Hospital Foundation, Canadian Cancer Society, and SDIMKTG 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.