



**Convoy For Hope - Atlantic**

2320 Route 115  
 Irishtown, NB  
 E1H 2L3  
 1-888-518-1110  
 506-856-9374 Fax

**Official Registration Form 2017**

Applicants Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City Prov. PC

Phone #: \_\_\_\_\_

Home Cell Work

Email \_\_\_\_\_ DL #/Prov. \_\_\_\_\_

Vehicle: \_\_\_\_\_

Make Model Colour Lic plate Prov.

Registration Fee \$75.00\* \_\_\_\_\_

Paid Date Cash Cheque

T-Shirt Size \_\_\_\_\_

\*The registration fee will be waived for all participants that raise \$1500 or more prior to August 19th 2017.

I hereby represent that I am at least 18 years of age or older, that I hold a valid license to operate the class of motor vehicle that I am registering for the event: Convoy for Hope - Atlantic, 2013. I will not be under the influence of alcohol or any illicit or prescription drugs which would impair my ability to safely participate in the event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the event, that I am responsible for my own safety and well being at all time and under all circumstances while at the event site.

I hereby Release, waive and Covenant not to Sue, and further agree to indemnify, Defend and hold Harmless the following parties: Convoy for Hope - Atlantic, its members, clubs, associations, support federations and organizations, including but not limited to Prostate Cancer - Atlantic, Canadian Breast Cancer Foundation - Atlantic, Colon Cancer Canada, Lung Cancer Canada, The event organizers, volunteers, promoters, sponsors, advertisers, officials, law enforcement agencies, and other public entities providing support for the event and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature (Liability) which may arise out of, result from, or relate in any way to my participation in the event, including claims for liability caused in whole or in part by the negligent acts or omissions of the released parties. I further agree that if, despite this agreement, I or anyone on my behalf, makes claim for liability against any of the released parties. I will indemnify, defend and hold harmless each of the released parties from any such liabilities which may be incurred as the result of

I further agree to remit all funds/goods in kind/certificates for service donated to Convoy for Hope - Atlantic, in adherence to general principles of accountability and transparency.

I hereby give permission for Convoy For Hope - Atlantic to use photographs and video taken of me during the event, or at any other activities in relation to the event (prior or post). I hereby consent to the use of these photographs / this footage of my child/dependent/self/spouse/friend/family, and/or any copies of this photograph / footage in any editorial and/or promotional material produced and or published by Convoy For Hope - Atlantic. I agree that these photographs / this footage will be the exclusive property of Convoy For Hope - Atlantic and that all reproduction rights are handed over to Convoy For Hope - Atlantic to use in any medium in perpetuity. I understand that signing this release does not guarantee publication of the photo / footage. I understand that there will be no compensation or remuneration for the use of the photo / footage.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Reg Fee Only \$50 if paid by Jul 01' 17