

## 2017 SPEEDY REGISTRATION FORM

Register for the 2017 OneDay to Conquer Cancer benefiting Peter MacCallum Cancer Centre.

### GENERAL INFORMATION

First Name \_\_\_\_\_ Initial \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

What is your team name (if forming a new team or joining an existing team)

\_\_\_\_\_

#### HOW WILL YOU PARTICIPATE:

- Walker  
 Rider

#### WOULD YOU LIKE TO:

- Create a new team  
 Join an existing team  
 Register as an individual

#### ARE YOU A:

- Team Member  
 Team Captain

### REGISTRATION OPTIONS

Registered participants commit to raising AU\$500 for the OneDay to Conquer Cancer benefiting Peter MacCallum Cancer Centre, to participate on **October 29, 2017**.

- YES! Register me for the 2017 OneDay for \$75.**  
 **YES! Register me for the 2017 OneDay for \$75 and make a \$50 kickstart donation to my fundraising total.**

Card Number                         Exp

- Visa  
 Mastercard  
 Amex

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

**\*Please note you can make your donation over several months.**

### WAIVER AND RELEASE OF LIABILITY (Please read and sign below.)

I wish to participate in OneDay to Conquer Cancer® benefiting Peter Mac scheduled to take place on 29 October, 2017, as well as various pre- and post-event activities (including, without limitation, one or more training rides and walks) (the "Event") and I agree to abide by all rules, regulations, and event instructions of the Event, as well as all applicable municipal and state laws and regulations.

I understand that participating in such an event, using public streets 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 this Event, including, without limitation, falls, contact with other participants, objects, bicycles and vehicles, the effects of weather, traffic, and the conditions of the streets and routes 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, OneDay Conquer Cancer, CauseForce, Inc., [CauseForce Australia Pty Ltd.], Peter MacCallum Cancer Centre, the City of Melbourne, the State of Victoria, Australia, any beneficiaries, sponsors, officials, participating clubs, communities, organisations, friends of the Event, Walkers, Crew Members, consultants, participants, third-party vendors, government or public entities (including, without limitation, the Department of Transport), and each of their respective affiliates, successors, officers, directors, employees, volunteers, agents, and representatives, including, without limitation, the Event medical sponsor, 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 or damage, including, but not limited to claims for damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in all or any portion of 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 understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives. I attest that I am physically capable of, and have sufficiently trained for, completing each respective element of 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 organisers 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 14 years old at the time of the Event. If I am under the age of 18, I understand I MUST have a guardian accompany me on the Event as a fellow registered participant.

I understand that all donations processed by OneDay 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 \$75 registration fee is non-refundable, non-transferable, does not apply toward my fundraising commitment, and is not tax deductible.

If I am a Rider or Walker, I understand that I must raise at least \$500 in order to ride in the Event. If I have not raised at least \$500 before 29 October, 2017, I may make my own donation to reach that minimum in order to ride or walk.

I give permission to OneDay to Conquer Cancer, CauseForce, Inc., Peter Mac, and each of their respective affiliates, subsidiaries and agents, 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 periodically be receiving communications related to my participation in the Event.

**THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE STATE OF VICTORIA. THE AUSTRALIAN 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 extent allowed by law.

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