

Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Company Name: _____

Event Information

Name: _____ Date & Time: _____

Location: _____

For Benefit of COP Foundation Fund: _____

Event Description: _____

Fundraising Goal

Would you like to make a personal donation toward your goal?

\$10.00 \$20.00 \$25.00 \$50.00 Other \$: _____

Fundraising Commitment: _____

Authorization And Release Of Liability

In signing this release, I _____ ("Participant") will be participating in and attending the _____ event for the purpose of fundraising and/or raising awareness of and for Center for Oncology in Pediatrics Foundation, a 501 (c)(3) non-profit, public benefit corporation. I acknowledge that I am physically fit and able to safely participate in the event without risk to myself or others. I understand that there may be risks associated with participating in a physical activity and/or an activity which may include, strenuous physical activity, interaction with live animals and other activities held at events. I assume all risk of injury that may occur as a result of participating in the event. I, for myself, my heirs, executors and administrators, hereby agree to indemnify and hold harmless the Center for Oncology in Pediatrics Foundation as well as the Centro Oncologico Pediatrico de Baja California, A. C. and Fundacion Castro Limon A.C. located in in Tijuana, Baja California as well as all public or private agencies whose property and/or personnel are used, all other sponsoring or co-sponsoring companies or individuals and all individual organizers or volunteers related to or involved in the Event (collectively "Releasees") from all liability to myself and my personal representatives, assigns, heirs and executors, for all loss(es) or damages(s) and any and all claims or demands therefore, on account of injury to myself or property. I assume the risks of loss(es), damages(s), or injury(ies) that may be sustained by myself while participating in the aforementioned activity. I consent to Center for Oncology in Pediatrics Foundation and the Centro Oncologico Pediatrico de Baja California, A. C. and Fundacion Castro Limon A.C. taking photos and/or videos of myself during the activity listed above. I understand that I am consenting to use of said photos and videos in printed materials, social media, videos, and presentations without any compensation. **PARTICIPANT HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY ACCEPTS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.**

Signature: _____ Date: _____

Note: Please complete the Fundariser Authorization Form, scan and email it to admin@copfoundation.org. We will be in touch with you within 3 days. The Center for Oncology in Pediatrics Foundation relies upon volunteers to assist with fundraising efforts and event planning.

Thank you for helping us make a great Impact!

Learn more.

[Copfoundation.org/takeaction](https://copfoundation.org/takeaction)