



Survivor Registration



SURVIVOR REGISTRATION

First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: _____

You understand and you have informed your donors that Southeast Cancer Support Services collects your personal information through forms, by phone or in person to process your donation, issue a tax receipt, and contact you to provide updates about our impact and other ways to support us or give. We may share your personal information with third parties including payment processors or as required by law. We may contact you by mail, email, phone or text. You can exercise your right to access your information or have it corrected, unsubscribe from communications or withdraw your consent by calling 1-204-846-4673 or emailing info@secancersupport.ca.

SHARE YOUR STORY (optional):

Would you be willing to share your story to help inspire and encourage others? Feel free to use the back of the page if needed.

2025 Walk for Hope Event Waiver. Read Carefully.

I grant permission to Southeast Cancer Support Services (SCSS) to photograph and videotape me in the course of my participation in the Walk for Hope event, and to use my name and any photographs and videotapes of me for SCSS purposes in any media and territory in perpetuity. I waive and release any and all claims for myself, my heirs, executors and administrators against the SCSS, its agents, employees and licensees, and any sponsors, officials and organizers of the Walk for Hope event in connection with any injury, illness, death, loss or damage to property, which may directly or indirectly result from my participation in this event, or any claims arising from the use of my name or any photographs or videotapes of me I acknowledge that I will not receive any financial remuneration for any of the above and that my compensation is the opportunity to contribute to the activities of the SCSS.

Please choose one of the following options:

- ☐ I am 18 or older and I have read and fully understand and agree with the contents of this waiver.
- ☐ I am under 18 and my parent or guardian is agreeing on my behalf

Date: _____

Name of Participant (print): _____

Signature: _____

Name of parent/guardian (print): _____
(if participant is under 18 years of age)

Signature of parent/guardian: _____
(if participant is under 18 years of age)

Where to Submit

By email to: info@secancersupport.ca

By mail to: 3-20 Brandt Street, Suite 231 Steinbach, MB R5G 1Y2

In person to: 215-98 Brandt Street Steinbach, MB