

ROW 4 HEART PARTICIPANT HANDBOOK

The Health Care Foundation in partnership with VOCM Cares is excited to launch its first Radiothon, scheduled for February 13, 2018 in the Avalon Mall.

What is Row 4 Heart Radiothon?

- The Row 4 Heart Radiothon Rowing Challenge is a great way to motivate your team all while promoting health and wellness within your organization. Each team must commit to 60 minutes on the rowing machine, during which you can switch places with other members of your team.
- During your 60 minutes of rowing, encourage friends and family to call in to the Radiothon and support you!

The Cause

- We are making huge strides in improving our province's cardiac care, thanks to donors like you. Now we need **YOUR** help for patients who require a heart transplant who must travel outside our province. Funds from the Health Care Foundation's Row for Heart Radiothon will go towards the purchase of two mechanical hearts; a crucial piece of life-saving equipment for patients.

How to Join

- It is easy to be a part of this heart pumping event. With your help and other community partners, we **CAN** raise the \$100,000 necessary for a mechanical heart.
- Register online to create your personal online fundraising page and ask friends and family to support your efforts by making a donation.
- Each team is asked to raise a minimum of \$1,000 to participate.
- A non-refundable \$25 participant registration fee is required. This fee will be credited to your personal fundraising goal.
- Teams may consist of a minimum of 5 participants to a maximum of 10 participants.

Fundraising Tips

- Sharing your personal story and connection to the Health Care Foundation is a very effective way to get friends and family motivated to support your fundraising!
- Kick-start your fundraising by making a self-donation.

- Once you register online you get an online Participant Centre where you can send out emails asking for support and people can donate directly to your personal event page. You can also share your personal event page link on social media to get more donations.
- Ask, ask and ask again! Ask you family, friends and co-workers to donate. Have them ask their supports to support you.
- Consider hosting your own individual event as another way to help boost your fundraising! Events could include bake sale, bottle drive, office fundraising challenge, etc.)

Incentives

- Top Fundraiser Prize
- Most Spirited team Prize
- Each participant will receive a Row 4 Heart exclusive shirt!
- Opportunity for pledgers to come to the event and announce their support to you on air.

The best incentive of all, **knowing you have helped save lives** and have made a difference for patients in Newfoundland and Labrador living with cardiac disease.

REGISTRATION SHEET

NAME: _____ TEAM NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ EMAIL: _____

BIRTHDATE: (MM/DD/YYYY) ____/____/____ GENDER: M F

SHIRT SIZE: Ladies S M L XL

Men's S M L XL

FUNDRAISING GOAL: \$ _____ (Minimum required \$7,500)

REGISTRATION FEE: (\$100 Non-refundable fee that will be credited to your personal fundraising goal)

METHOD OF PAYMENT: CASH CHEQUE VISA MC AMEX

CARD NUMBER: _____

CVV: _____ EXPIRY DATE (MM/YY): _____

CARDHOLDER NAME: _____

You will receive an email with your confirmed username and password once registration has been activated at www.healthcarefoundation.ca. You can then login to create your personal web page and start accepting donations.

WAIVER:

I wish to participate in the ROW 4 HEART benefiting the Provincial Cardiac Care Program of Eastern Health by accepting the rowing challenge scheduled to take place in St. John's, NL on Tuesday, February 13, 2018, and I agree to abide by the rules, regulations and instructions of the event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an event and the use and participation in services made available to participants during the event is a potentially hazardous activity and can result in serious injury or death. I am aware of and expressly assume all risks associated with participating in this event, including without limitation, falls and contact with other participants and objects and I assert that my participation in this event is voluntary. I hereby waive and release from any and all claims for injuries, damages or death arising out of the event or my participation in the event against the ROW 4 HEART, The Health Care Foundation, Avalon Mall, and any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, participants, volunteers, employees, agents, and representatives, including, without limitation, the event medical sponsor. I understand and agree that this waiver and release is binding on my heirs, assigns and legal representatives.

I give permission for the free use of my name, photograph, voice, or likeness, in any broadcast, telecast, advertising promotion, or other account of this event of marketing or promotion for future or similar events, and waive any rights of privacy I may have in that regard.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAW OF THE PROVINCE OF NEWFOUNDLAND AND LABRADOR. THE NEWFOUNDLAND AND LABRADOR PROVINCIAL COURT SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE: _____ DATE: _____

PLEDGE SHEET

NAME: _____ GENDER: M F

ADDRESS: _____ CITY: _____

PROVINCE: _____

POSTAL CODE: _____ TEL: (HOME) _____ (BUSINESS) _____

EMAIL: _____ **MY FUNDRAISING GOAL:** _____

TEAM NAME: _____

PLEASE ENSURE INFORMATION IS CLEAR AND COMPLETE IN ORDER TO GUARANTEE A TAX RECEIPT
Tax receipts will be issued for donations \$10 and greater. Cheques must be made payable to the Health Care Foundation.

SPONSOR NAME (FIRST AND LAST)	ADDRESS	CITY	POSTAL CODE	PHONE NO.	PLEDGE	SUBMITTED

TOTAL COLLECTED

MAKE ALL CHEQUES PAYABLE TO THE HEALTH CARE FOUNDATION

TOTAL ONLINE PLEDGES	TOTAL COLLECTED	TOTAL RECEIVED
<input style="width: 150px; height: 30px;" type="text"/>	+	<input style="width: 150px; height: 30px;" type="text"/>
		<input style="width: 150px; height: 30px;" type="text"/>