

American Cancer Society
Bark For Life AUGUST 7, 2010
Relay Site Name:
CONNEAUT LAKE BARK PARK, INC.



Participant Registration and Waiver Form

(Required for all Team Members, One form per participant; multiple dogs may be registered together as a family unit)
PLEASE PRINT ALL INFORMATION

Team Name: _____
 Team Captain: _____
 Owner's Name: _____
 Canine Name/Names _____
 Address: _____ City: _____ State: ___ Zip: _____
 This is my address at: Home Work (please check one)
 Home Phone: () _____ Cell Phone: () _____
 I prefer to be contacted at: Home Cell
 Emergency Contact Name & contact info: _____
 E-mail Address: _____ I am 18 years old or under: No ___ Yes ___
 Age: _____
 Employer: _____
 Will your employer match your donations? Yes ___ No ___

VOLUNTEERS WILL RECEIVE A COMPLEMENTARY T-SHIRT

Canine Bandana Size: SMALL ___ MEDIUM ___ LARGE ___
 (Please indicate quantity of each if registering more than one dog on this form)

REGISTRATION FEE: _____ enclosed is the Registration fee of \$12.50 per participant/dog. Return this form and your commitment/registration fee/fees to your team captain to be handed in at the next team captains meeting. Or, you **may mail this form with the fee/fees to** (Hannah Fisher, 167 N. Franklin St. Cochran, PA 16314). **Questions?** Call (Hannah Fisher, (home) 814-425-3208 (cell) 814-547-8091).

WAIVER: Each dog owner MUST read and sign.

- As a participant in Relay For Life, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the American Cancer Society, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my dog/dogs in this event.
- I understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to ACS, its affiliates, licensees and collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever, including commercial advertising. I hereby release, discharge and agree to save harmless ACS and its employees or agents, affiliates, legal representatives or assigns and all persons acting under its permission or upon its authority or for whom it is acting, from any liability by virtue of any publication of my likeness, including, without limitation, claims for libel or invasion of privacy.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my dog/dogs on the premises or prior to transport to a medical facility for further treatment.

Participant Signature: _____ **Date:** ____/____/____
 (Signature of parent or legal guardian if human participant is under 18)

ADDITIONAL INFORMATION:

Canine Owner is a cancer survivor (please circle one) Yes No Date of Diagnosis: ____/____/____
 Cancer Type: _____
Canine Owner is a caregiver to a cancer survivor (please circle one) Yes No

I AM INTERESTED IN JOINING THE PLANNING COMMITTEE FOR BARK FOR LIFE OR RELAY FOR LIFE Yes No
 I AM INTERESTED IN VOLUNTEERING AT THE BARK FOR LIFE OR RELAY FOR LIFE EVENT Yes No

