

American Cancer Society Relay For Life 2008
Participant Registration and Waiver Form
(Required for each Team Member)



Please Print All Information

Return to your Team Captain with your commitment/registration fee (if applicable)

Relay Site Name: LanChester
Octorara High School - June 20-21, 2008

Team Name: _____

Team Captain Name: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

This is my address at: Home Work (please check one)

Home Phone: () _____ Work Phone: () _____ Ext. _____

Fax: () _____ Cell Phone: () _____

I prefer to be contacted at: Home Work Cell

E-mail Address: _____

I am 18 years old or under: Yes No Age: _____

Employer: _____

Will your employer match your donations? Yes No

Is your employer a sponsor of this Relay? Yes No

If no, do you feel your employer would be interested in hearing more about sponsorship opportunities? Yes No

MY RELAY T-SHIRT SIZE IS: Please check the appropriate size. If no size is indicated, participant will receive an XL.

- YOUTH SMALL SMALL (adult) LARGE (adult) 2X-LARGE (adult) I do not want a shirt
 YOUTH MEDIUM MEDIUM (adult) X-LARGE (adult) 3X-LARGE (adult)

REGISTRATION FEE: Fee guidelines are established by your local American Cancer Society office and the Relay Event Committee.

- My team captain has paid our Team Registration fee. Enclosed is my Individual Registration fee of **\$10.00**

WAIVER: Each Team Member 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 child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

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

