

**American Cancer Society
Bark For Life
Relay for Life of Alamance County
Participant Registration and Waiver Form**



(Required for all participants - One form per participant; multiple dogs may be registered together as a family unit)

PLEASE PRINT ALL INFORMATION

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 ___
Is your employer involved in Relay For Life as a sponsor or a team? Yes ___ No ___
If no, do you feel your employer would be interested in hearing more about opportunities? Yes ___ No ___

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

REGISTRATION FEE: _____ enclosed is the Registration fee of \$20 per participant/dog, \$5 for additional dogs Return this form and your commitment/registration fee/fees to: Bree Myers, American Cancer Society/ Alamance County Bark For Life, 4A Oak Branch Dr Greensboro, NC 27407 or bring completed form to registration area on the day of the event. Questions? Call (Bree Myers @ 404-988).

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.
- I verify that my dog is current on required vaccines.

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

ADDITIONAL INFORMATION:

I AM INTERESTED IN JOINING THE PLANNING COMMITTEE FOR BARK FOR LIFE OR RELAY FOR LIFE NEXT YEAR Yes No

I AM INTERESTED IN VOLUNTEERING AT THE BARK FOR LIFE OR RELAY FOR LIFE EVENT NEXT YEAR Yes No

Please visit: RelayForLife.org for more information on how to fight cancer through the American Cancer Society's Relay For Life.