American Cancer Society
RELAY FOR LIFE
Participant Information and Waiver Form

(Required for each Team Member)

PLEASE **PRINT** ALL INFORMATION

Team Name:_____ Team Captain: _____

Participant Name: Mr./Mrs./Ms._____ Age: _____

Participant Address:_____

City: _____ State: _____ Zip: _____

Home Phone: (_____)_____ Work Phone: (_____)_____

Email Address: _____

Please choose: ❑ African American (Black) ❑ Caucasian (White) ❑ Asian ❑ Hispanic ❑ Native American ❑ Other_____

Company/Organization Name: _____

Relay Site: _____

I. I AM A CANCER SURVIVOR. *Optional:* ❑ **Yes** ❑ **No**
If yes, year diagnosed: _____ Cancer Site: _____

As a cancer survivor, I will participate in the Survivor's Lap. ❑ **Yes** ❑ **No**

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

❑ YOUTH (6-8) ❑ SMALL (adult) ❑ X-LARGE (adult) ❑ 3X-LARGE (adult)
❑ YOUTH (10-12) ❑ MEDIUM (adult) ❑ 2X-LARGE (adult) ❑ 4X-LARGE (adult)
❑ LARGE (adult)

III. INCENTIVE PRIZES - Please check or circle your choices regarding incentive prizes.
If neither box is checked you will automatically forfeit your prize.
❑ I forfeit my incentive prize. ❑ I want the incentive prize I earned.

- If my incentive prize is a black polo shirt, my size is:
  Youth: 10-12 Adult: S M L XL 2XL 3XL 4XL (If no size is indicated participants will receive an XL.)
- If my incentive prize is a nylon panda fleece lined zip jacket with box bottom my size is:
  Youth: 10-12 Adult: S M L XL 2XL 3XL 4XL (If no size is indicated participants will receive an XL.)

*** If you are interested in an incentive prize from a lower level, see your Team Captain for details.***

IV. WAIVER - Each Team Member **MUST** read and sign.
Return to your Team Captain with your commitment/registration fee.

- 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) (Parent's Phone Number)

Relay For Life is an Alcohol and Tobacco Free Event.

Revised 08/03