

American Cancer Society Bark For Life of Pottstown – April 2010

(one mile dog walk that contributes to Relay For Life of Pottstown)

AMERICAN CANCER SOCIETY



BARK FOR LIFE
CANINES CARE - GIVE HOPE - SAVE LIVES

Bark For Life Walk Only Registration & Waiver Form

(please use this form if you wish to participate in the walk but are not joining or creating a team. If you wish to join or create a team, please use the Canine Team Member Registration form instead)

PLEASE PRINT ALL INFORMATION

Canine Owner's Name: _____

Canine Name(s): _____ Canine Breed(s): _____

Address: _____ City: _____ State: _____ Zip: _____

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

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

Cell Phone: () _____ EMAIL ADDRESS: _____

I prefer to be contacted at: Home Work Cell (please check one)

Emergency Contact Name: _____ Emergency Contact Phone: () _____

Enclosed is my check payable to American Cancer Society for my registration of \$25 x _____ dogs = \$ _____.

Charge my: Visa Mastercard American Express \$25 x _____ dogs = \$ _____.

Please fill out all information clearly and completely. Your signature is required to process the credit card.

Name on card: _____ Telephone # _____

Address: _____

City: _____ State: _____ Zip: _____

Account number: _____ Exp Date: _____

Signature _____

Mail to Angie Henderson – 2876 Fagleysville Road – Gilbertsville, PA 19525

WAIVER: Each canine owner MUST read and sign.

- As a participant in the Bark 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(s) in this event.
- I give my full permission for the use of my name and photographs and that of my dog(s) in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my dog(s) 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 want to participate in the Cancer Survivor/Caregiver Lap at the Relay For Life of Pottstown (please circle one) Yes No

I AM INTERESTED IN JOINING THE BARK FOR LIFE EVENT PLANNING COMMITTEE : Yes No

I AM INTERESTED IN VOLUNTEERING AT THE BARK FOR LIFE EVENT: Yes No

The official registration and financial information of the American Cancer Society, Pennsylvania Division may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, (800) 732-0999. Registration does not imply endorsement.

For ACS office use only

Date Entered into TES: ____/____/____

Entered by: _____