

**American Cancer Society  
Bark For Life of Pottstown 2010**



**Canine Team Member Registration and Waiver Form**

(Required for all Team Members. Multiple dogs may be registered on one form; registration fee is \$10 per dog. **For contact purposes, the captain of a canine team must be a human not already registered as a Team Captain** for Relay For Life of Pottstown.)

**PLEASE PRINT ALL INFORMATION CLEARLY !**

Team Name: **CANINE** - \_\_\_\_\_ Team Captain (Human): \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_  
 Canine Name(s): \_\_\_\_\_ Canine Breed(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*This is my address at:*  Home  Work (please check one)  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_  
 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 \_\_\_

**Adult Relay For Life T-Shirt Size:**  SMALL  MEDIUM  LARGE  X-LARGE  2 XL  
*(Please check the appropriate size. If no size is indicated, participant will receive an XL)*

**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)

**REGISTRATION FEE:**

- Enclosed is my check **payable to American Cancer Society** for my registration of \$10 x \_\_\_\_\_ dogs = \$\_\_\_\_\_  
 Charge my:  Visa  Mastercard  American Express \$10 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: Henderson Accounting Services, 1120 E High Street, Pottstown, PA 19464**

**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

**For ACS office use only**

Date Entered into TES: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Entered by: \_\_\_\_\_

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.