

**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: _____
 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: _____
 I prefer to be contacted at: Home Work Cell Email
 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)

REGISTRATION FEE: \$10 per participant/dog x # _____ dogs = \$ _____

Enclosed is my Registration fee of _____. I agree to raise a minimum of \$100 for the Bark For Life. Return this form and your commitment/registration fee/fees to your team captain to be handed in at the next team captain meeting. Or you may mail this form with the fee/fees to:
Henderson Accounting Services, 1120 E High Street, Pottstown, PA 19464

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

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.