

**American Cancer Society  
Bark For Life**



AMERICAN CANCER SOCIETY  
**BARK FOR LIFE™**  
A CANINE EVENT TO FIGHT CANCER

**Relay Site Name: Washington County  
Participant Registration and Waiver Form**

(Required for all Team Members, one form per participant; multiple dogs may be registered together as a family unit)

**PLEASE PRINT ALL INFORMATION – or register online at [www.relayforlife.org/barkwashingtoncountyin](http://www.relayforlife.org/barkwashingtoncountyin)**

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 \_\_\_\_  
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 \_\_\_\_

**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 \$25.00 for first dog and \$5 each additional dog.  
Return this form and your commitment/registration fee(s) made payable to the American Cancer Society

**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.

**Participant Signature :** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature of parent or legal guardian if human participant is under 18)

Note: The American Cancer Society reserves the right to turn away any dog considered a threat to other dogs or participants. **Dogs must be current on rabies & distemper shots (please bring proof of shots).**

**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 Washington County (please circle one)** Yes No

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

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

**Please visit: [RelayForLife.org](http://RelayForLife.org) for more information on how to fight cancer through the American Cancer Society's Relay For Life.**