



# Relay For Life of \_\_\_\_\_

## Participant Commitment/Waiver Form

Required **ONLY** for Participants **NOT** registered online  
Kindly return to your Team Captain along with your commitment fee (if applicable)

### **PARTICIPANT INFORMATION** - (please complete form legibly)

Team Name: \_\_\_\_\_ Team Captain Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ This is my address at:  Home  Work

Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

I prefer to be contacted at:  Home  Work  Cell

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Will your employer double your donations?  Yes  No (If yes, please refer to Matching Gift Tracking Form or request from Team Captain)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ I am under 18 years of age  Yes  No This is a youth/student team (K-12)  Yes  No

### **MY RELAY T-SHIRT SIZE:** Please check the appropriate size. If no size is indicated, participant will receive an **X-LARGE**.

YOUTH MEDIUM  SMALL  MEDIUM  LARGE  X-LARGE  2 XL  3 XL  4 XL  5XL

Please note: Relay event t-shirts will be awarded to participants whose entire team raises an average of \$100 per person and/or to each individual who raises \$100. Funds must be turned in to ACS at least 5 weeks prior to Relay in order to guarantee a t-shirt in your size in time for the Relay For Life event. Participants who raise their \$100 and turn in their funds on the day of the event, will receive their t-shirt post-event (t-shirts are not guaranteed to be back-imprinted or event customized).

**COMMITMENT FEE:**  Enclosed is my Individual Commitment Fee of \$10.00 (*Team Captains & Team Members ONLY*)

**ADDITIONAL GIFT:**  I am also enclosing my own personal additional gift donation in the amount of \$ \_\_\_\_\_

**INDIVIDUAL FUNDRAISING/INCENTIVE PRIZE:** All Relay participants who qualify to receive an incentive due to their fundraising efforts will be awarded a gift certificate following the Relay event. Certificates **MUST** be redeemed within 45 days of your event. Participants are solely responsible for redeeming their gift certificate. Participants who elect not to redeem their gift certificate within the allotted timeframe specified automatically forfeit their prize. Fundraising/Certificate program is an award to recognize individuals' fundraising efforts.

### **WAIVER:** EACH Participant **MUST** read and sign, includes: **Team Captains, Team Members, Survivors & Caregivers (not on Relay teams)**

- 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)

### **ADDITIONAL INFORMATION:**

✓ **I AM A CANCER SURVIVOR:**  Yes  No I will participate in the Cancer Survivor Lap  Yes  No

Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cancer Type: \_\_\_\_\_

✓ **I AM OR HAVE BEEN A CAREGIVER:**  Yes  No

✓ **I AM INTERESTED IN:**  Joining the Relay For Life Event Committee  Volunteering at Relay  Forming/joining a Relay team

✓ **I AM AN ACS CAN MEMBER:**  Yes  No I am interested in renewing my membership:  Yes  No

✓ **I AM INTERESTED IN VOLUNTEERING FOR AMERICAN CANCER SOCIETY PROGRAMS & SERVICES:**  Yes  No

An online record will automatically be created for all American Cancer Society Relay For Life participants. If you choose **not** to have your name or fundraising amounts reflected online, check this box.

### **For ACS use only:**

Date Entered into Convio: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered by: \_\_\_\_\_