



Relay for Life of Venango County Survivor Registration

Relay For Life would like to honor you in your fight against cancer. The American Cancer Society considers a person a cancer survivor from the moment of diagnosis—no matter what type of cancer, no matter how long the treatment. Join fellow survivors from your community for a celebration of hope and life! Survivors will be presented with a gift at Relay, as well as a special ceremony to commemorate your cancer journey and a time to thank your caregivers for their support and care.

We encourage you to bring your loved ones to this year's Relay For Life! *Please note the following information:*

Relay for Life of Venango Saturday, June 3, 2017, Oil City High School, Oil City PA

Survivor Registration starts at 11:00 AM

Survivor Ceremony/Lap starts: immediately following the meal

Survivor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Diagnosis Date (Optional) _____ Type of Cancer(Optional) _____

Each survivor will be presented with a Survivor Shirt at Relay. Please indicate your shirt size.

My T-shirt size is: ___ Youth Small ___ Youth Medium ___ Small ___ Medium ___ Large ___ X-Large
___ 2x-large ___ 3x – large ___ 4x-large ___ 5x-large

My Caregiver that will be joining me is: _____

Caregiver address: _____ phone: _____

___ I will require handicapped parking/services.

___ I wish to be announced/recognized during the Survivor Ceremony/Lap.

___ I wish to get involved with the Relay For Life of Venango. Please indicate how you wish to volunteer:

___ Start a Relay Team ___ Join the Relay Committee ___ Volunteer on the day of the event

___ Programs and Services ___ Other

Waiver: 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 any claims of damages, demand, 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.

Signature _____ Date _____

Please return the completed registration form to: American Cancer Society
2115 West 38th Street, Erie PA 16508