



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

OF WICOMICO COUNTY

Sat. June 12th, 2010; 31663 Winter Place Parkway
Site Sponsor: The Salisbury Maryland Kennel Club



PLEASE PRINT ALL INFORMATION

Team Name: _____
Team Captain: _____
Owner's Name: _____
Canine Name/Names: _____
Address: _____ City: _____ State: _____ Zip: _____
This is my address at: ☐ Home ☐ Work (please check one)
Home Phone: () _____ Work Phone: () _____ Ext. _____
Fax: () _____ Cell Phone: () _____
I prefer to be contacted at: ☐ Home ☐ Work ☐ Cell
Emergency Contact Name: _____ Emergency Contact Phone: () _____
E-mail Address: _____ I am 18 years old or under: No ☐ Yes ☐ Age: _____
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 ☐

REGISTRATION FEE: \$20.00 per Human/Canine entry **TOTAL FEE:** _____
\$10.00 for each additional Canine
Canine Bandana Size: SMALL _____ MEDIUM _____ LARGE _____ (One bandana for each registered dog)
(Please indicate quantity of each if registering more than one dog on this form)
Fee per T-shirt is \$15.00: Adult T-Shirt Size: SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____ 2 X-L _____
(Please check the appropriate size. If no size is indicated, participant will receive an XL) **TOTAL FEE:** _____

Please make checks to **American Cancer Society** and mail this form with the fees to:
American Cancer Society, Bark For Life Wicomico County, PO Box 163, Salisbury, MD 21803-0163

- *Current vaccination records must be presented the day of the event.*
- *Dogs must be leashed at all times; leash length 6' maximum – no flexi/retractable leashes permitted.*
- *No electronic training collars or e-collars are permitted.*
- *The ACS reserves the right to dismiss any dog that may be deemed a threat.*

WAIVER: Each dog owner MUST read and sign.

- As a participant in American Cancer Society 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/dogs in this event.
- I give my full permission for the use of my name and photographs 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/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)

ADDITIONAL INFORMATION:

Canine Owner is a cancer survivor Yes ☐ No ☐ Date of Diagnosis: ____/____/____ Cancer Type: _____

Canine is a cancer survivor Yes ☐ No ☐ Date of Diagnosis: ____/____/____ Cancer Type: _____

Canine Owner is a caregiver to a cancer survivor Yes ☐ No ☐ Canine is a caregiver to a cancer survivor Yes ☐ No ☐

I want to participate in the Cancer Survivor/Caregiver Lap at the Relay For Life of Your Relay Yes ☐ No ☐

I AM INTERESTED IN JOINING THE CANINE RELAY FOR LIFE EVENT PLANNING COMMITTEE Yes ☐ No ☐

I AM INTERESTED IN VOLUNTEERING AT THE CANINE RELAY FOR LIFE EVENT Yes ☐ No ☐

Please visit: www.relayforlife.org/barkwicomico for more information