

Youth Participation Agreement

The American Cancer Society Relay For Life requires one chaperone, 25 and older for every ten youth team members. For this event, a youth is considered anyone 18 and younger. In addition to completing and turning in this agreement, the youth participant must also complete an event registration form (either online or a scannable form).

Name	Birthdate
Address	
	ate ZIP
•	mail
Cell Phone ()	
	eam Captain's Name
Chaperone's Name	
Chaperone's Phone Number () Ch	haperone's Cell Phone ()
Parent's Cell Phone ()	ch a parent or guardian. Please print his or her name and arent's Home Phone ()
	afe, fun, and positive experience for all Relay participants. As a
 While participating, Relay For Life participants shall: Respect the individual rights, safety, and property of others Avoid displays of overly affectionate behavior Not participate in obscene and/or discriminatory language or roughhousing Not be insubordinate to chaperones or the leader in charge of the event Not possess or use weapons, alcoholic beverages, tobacco and/or illegal drugs at any event, activity, or meeting, or remain in the presence of individuals who possess or use these items Abide by all rules of the attended event, activity, or meeting Participate in activities to the best of his or her ability Notify a chaperone or staff person if he or she has concerns or medical needs during the Relay For Life Not engage in conversations or activities that are sexual in natur Not leave the event site(s) without permission from the 	Penalties and/or disciplinary action for infractions of this code of conduct may include any or all of the following: • Sending youth home • Barring that member from future American Cancer Society activities • Being held responsible for the cost of damages and repairs in the event of damage/destruction of property • Releasing the member to the nearest law enforcement agency and/or the proper authorities for significant violations of
chaperone, parent/guardian, and Event Chair	Team chaperones will notify parents of any actions taken.
Waiver of Liability: I assume all risk of personal injury including death an and/or participating in this event. I release the American Cancer Society, in damages that my child may suffer whether due to the negligence of the American Cancer Society actions, suits, claims, demands, causes of action, proceedings, losses, costs a	ad damage to personal property that may be sustained by my child while attending acluding any unit or Division thereof, from any and all liability for any injury, death or crican Cancer Society, their respective agents, servants, employees or volunteers. I also and its directors, officers, employees and volunteers from and against any and all and expenses including and without limitation all attorney fees and disbursements, ag to, or connected with directly or indirectly, my child's participation in this event art of the American Cancer Society or other released parties.
☐ I give permission for my son/daughter to participate in the completed and turned in the event registration form.	e American Cancer Society Relay For Life and my son/daughter has
☐ I give permission for my son/daughter to serve on the Rela	ny For Life planning committee.
Parent's Signature (required)	Date
By my signature below, I acknowledge receipt of this document and acknowle	edge that I have read and agree to abide by the guidelines in this document. I am aware

that if I violate the agreement, the staff may, at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense. Additionally, I understand that the American Cancer Society works with partner organizations and at its

Date _____

discretion may report any disciplinary action to partner organizations.

Youth Participant's Signature