



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



PARTICIPANT REGISTRATION FORM

Name (Human) _____ Email address _____

Name (Canine) _____ Phone # _____

Address _____ City, State, Zip _____

Emergency Contact Information: Name _____ Phone _____

Human is 18 years old or older ___ Yes ___ No (*if participant is under 18, parent or guardian must sign waiver below)

Canine Bandana size _____ Small _____ Large

REGISTRATION FEE:

\$10 per Human/Canine team if received on or before August 14, 2010 _____

\$15 per Human/Canine team if paid on August 15, 2010 _____

Make checks payable to "American Cancer Society"

Additional Information (Optional):

Canine owner is a cancer survivor ___ No ___ Yes Date of Diagnosis ___/___/___ Cancer Type _____

Canine owner is a caregiver to a cancer survivor ___ No ___ Yes

Canine is a cancer survivor ___ No ___ Yes Date of Diagnosis ___/___/___

WAIVER: Each sponsor/advertiser and/or participant must sign this waiver.

- As a participant in Relay For Life/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 understand that I may be photographed, filmed or videotaped at the event. I hereby irrevocably grant to ACS, it's affiliates, licensees and collaborators the absolute right and permission to use my likeness and/or voice for any purpose whatsoever deemed appropriate and within the standards of the ACS 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 it's 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 the 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 on the premises or prior to transport to a medical facility for further treatment.
- I understand that I am responsible to insure my own belongings and any personal effects brought on-site by me.

Signature _____ **Date** _____

*(Signature of parent or legal guardian if human participant is under 18)

Please return this registration form to: Robin Schneiderman
 1515 Madison
 Burlington, Iowa 52601

For assistance or additional information contact: Robin Schneiderman at 319-752-4890 or Deb Ritters at 319-754-4819 or visit our website at www.dmc barkforlife.org.