



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



SPONSOR/ADVERTISER REGISTRATION FORM

Business or Organization _____

Contact _____ Phone # _____

Address _____ City, State, Zip _____

Email address _____ Website url _____

I (we) wish to support the event in this manner:

_____ "Top Dog" \$300 **Please enclose a check to "American Cancer Society"**
Shirt Size Please circle one S M L XL 2X 3X Bandana size Please circle one S L

_____ "Wonder Dog" \$150-\$299 **Amount enclosed _____ check payable to "American Cancer Society"**
Shirt Size Please circle one S M L XL 2X 3X Bandana size Please circle one S L

_____ "Show Dog" \$50-\$149 **Amount enclosed _____ check payable to "American Cancer Society"**
Shirt Size Please circle one S M L XL 2X 3X Bandana size Please circle one S L

_____ "Hot Dog" \$25 **Please enclose a check to "American Cancer Society"**

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 understand that I am responsible to insure my own belongings, merchandise and any personal effects brought on-site by me.

Signature _____ Date _____

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

For assistance or additional information contact: Robin Schneiderman at 319-752-4890 or Deb Ritters at 319-754-4819