



Participant and/or Survivor Registration



07028

PLEASE PRINT NEATLY IN BLACK INK USING UPPERCASE CHARACTERS.
PLEASE KEEP ALL WRITING INSIDE THE BOXES.

EXAMPLE:

ABC123

* = REQUIRED INFORMATION

REGISTER AT RELAYFORLIFE.ORG
OR BY CALLING 1-800-227-2345.

CHECK IF TEAM CAPTAIN:

EVENT NAME

TEAM CAPTAIN'S NAME

TEAM NAME

OFFICE USE ONLY

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PLEASE SELECT YOUR T-SHIRT SIZE:

YOUTH SIZES

ADULT SIZES

YS YM YL S M L XL XXL XXXL

TITLE (MR, MRS, MS, DR) * FIRST NAME MI

* LAST NAME

SUFFIX (SR, JR, III) PROFESSIONAL DEGREE (MD, PHD) GENDER M F

* HOME ADDRESS

HOME ADDRESS LINE 2

* CITY

* STATE * ZIP HOME PHONE W/AREA CODE

EMAIL ADDRESS

JOHNDOE@EXAMPLE.COM *A unique email address is required for each event participant.*

THIS IS MY EMAIL AT: HOME WORK

BIRTH DATE
M M D D Y Y Y Y

RACE OR ETHNICITY (PLEASE SELECT ONLY ONE BOX.) TO ENSURE THAT WE ARE DOING OUR VERY BEST TO ENGAGE ALL OF OUR CONSTITUENTS AND KEEP YOU BETTER INFORMED ABOUT SPECIFIC SOCIETY ACTIVITIES AND PROGRAMS THAT YOU MAY BE INTERESTED IN, WE ARE ASKING CONSTITUENTS TO SELF-IDENTIFY THEIR RACE OR ETHNICITY.

AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN CAUCASIAN/WHITE HISPANIC/LATINO PACIFIC ISLANDER OTHER

MY REASON TO TAKE PART IN A RELAY EVENT. PLEASE SELECT ALL THAT DESCRIBE YOUR EXPERIENCE WITH CANCER:

CAREGIVER FOR SOMEONE WHO HAS/HAD CANCER.
I HAVE/HAD CANCER.
MY RELATIVE HAS/HAD CANCER.
MY FRIEND HAS/HAD CANCER.

MY MOST RECENT DIAGNOSIS WAS: PLEASE INDICATE BELOW

COLON/RECTAL BREAST
LUNG PROSTATE
OTHER SKIN
MY DATE OF DIAGNOSIS WAS
M M D D Y Y Y Y

THANK YOU FOR YOUR PARTICIPATION IN YOUR LOCAL RELAY EVENT.

PLEASE CHECK THIS BOX IF YOU ARE INTERESTED IN LEARNING MORE ABOUT REMEMBERING THE SOCIETY IN YOUR WILL, TRUST, OR ESTATE PLAN.
REMEMBER TO INCLUDE YOUR EMAIL ADDRESS ABOVE TO ENSURE FOLLOW-UP.

THE AMERICAN CANCER SOCIETY CARES ABOUT YOUR PRIVACY AND WILL PROTECT AND USE YOUR INFORMATION ONLY IN ACCORDANCE WITH OUR PRIVACY POLICY. TO VIEW OUR PRIVACY POLICY OR IF YOU HAVE ANY QUESTIONS, PLEASE VISIT US ONLINE AT CANCER.ORG OR CALL US ANYTIME AT 1-800-227-2345.

- I UNDERSTAND THAT MY (OR MY MINOR CHILD'S) PARTICIPATION IN RELAY FOR LIFE AND RELATED ACTIVITIES (THE EVENT) OF THE AMERICAN CANCER SOCIETY (ACS) MAY INVOLVE ACTIVITIES THAT COULD BE HAZARDOUS, INCLUDING WALKING OR RUNNING, AND I KNOWINGLY ASSUME ANY AND ALL SUCH RISKS. TO THE EXTENT I AM REGISTERING A MINOR CHILD UNDER THIRTEEN (13) YEARS OF AGE, I AM THE PARENT OR LEGAL GUARDIAN OF SUCH MINOR CHILD, AND DO HERBY CONSENT TO THE COLLECTION OF SUCH MINOR CHILD'S PERSONAL INFORMATION BY ACS. IN CONSIDERATION OF MY (OR MY MINOR CHILD'S) PARTICIPATION IN THE EVENT, I FOR MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE ACS, ITS OFFICERS, EMPLOYEES, SPONSORS, ORGANIZERS, LICENSEES, OR VOLUNTEERS, AND THE EVENT-SITE OWNER OR ITS RESPECTIVE OFFICERS, EMPLOYEES OR OTHER LEGAL REPRESENTATIVES OR AGENTS, FOR ANY AND ALL INJURIES OR DAMAGES OF ANY KIND WHATSOEVER, WHICH I (OR MY MINOR CHILD) MAY SUFFER AS A RESULT OF: MY AND/OR MY MINOR CHILD'S PARTICIPATION IN ACS'S EVENTS AND/OR ACTIVITIES, INCLUDING BUT NOT LIMITED TO ANY INJURY, HARM AND/OR LOSS CAUSED BY THE NEGLIGENCE, FAULT OR MISCONDUCT OF ANY KIND ON THE PART OF ACS OR THE EVENT-SITE OWNER; ANY FIRST AID GIVEN AT THE EVENT; OR ANY PUBLICATION OF MY AND/OR MY MINOR CHILD'S LIKENESS, INCLUDING, WITHOUT LIMITATION, CLAIMS FOR LIBEL OR INVASION OF PRIVACY.
- I AGREE THAT ACS AND ITS LICENSEES MAY USE ANY AND ALL PHOTOGRAPHIC IMAGES AND VIDEO OR AUDIO RECORDINGS MADE DURING THE EVENT, INCLUDING THOSE INCLUDING MYSELF AND/OR MY MINOR CHILD.
- I UNDERSTAND THAT ACS MAY USE THE INFORMATION I PROVIDE ON THIS FORM TO CREATE AN INDIVIDUALIZED WEB PAGE THAT I MAY USE FOR FUNDRAISING PURPOSES.

PARTICIPANT/GUARDIAN SIGNATURE _____ DATE _____