



Survivor Celebration Registration Form

American Cancer Society
Relay For Life of Central Bucks Middle Schools

May 20, 2017

www.relayforlife.org/pacbmiddle schools

Relay For Life of Central Bucks Middle Schools
Survivor & Caregiver Breakfast: 9:30 AM
Survivor & Caregiver Photo: 11:00 AM
Opening Ceremonies & Survivor Lap: 12:00 PM



Who is a cancer survivor? *A survivor is anyone living with a history of cancer – from the moment of diagnosis.* In the last several years, the Relay for Life of Central Bucks Middle Schools has welcomed hundreds of survivors each year to walk in our Survivor Celebration. Please register to be a part of this amazing community event!

You are the heart of our Relay! We celebrate YOU! Come, be a part of it all!

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (_____) _____ E-Mail: _____

WAIVER: Each Participant MUST read and sign.

- As a participant in Relay For Life and the Survivors Lap, 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 child in this event.
- I give my full permission for the use of my name and photograph in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant Signature: _____ Date: __/__/____
(Signature of parent or legal guardian if child is under 18)

My t-shirt size is: Each survivor will be presented with a Survivor T-shirt at Relay; please indicate your shirt size.

Youth Small Youth Medium Small Medium Large X-Large 2X-Large 3X-Large 4X-Large 5X-Large

****IN ORDER TO BE GUARANTEED A T-SHIRT, YOUR FORM MUST BE RECEIVED NO LATER THAN TUESDAY, APRIL 25th ****

Year diagnosed: _____ Type of cancer: _____

Please return completed registration form to:

American Cancer Society, Attn: RFL of CBMS 480 Norristown Road, Ste 150, Blue Bell Pa, 19422

The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions, please visit us online at cancer.org and click on the "privacy" link at the bottom of the page or call us any time at 1-800-227-2345