



Relay For Life of Marion County
 Friday, May 6, 2016
 Marion County Middle/ High School
www.relayforlife.org/marionga

Offline Survivor Registration Form

Relay Location: Marion County Middle/ High School – Buena Vista, GA

Personal Information

First Name:	Last Name:
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Address 1:

Address 2:

City:	State:	Zip:
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Email:

Birthday:

Phone:	T-Shirt Size: YS YM YL S M L XL 2XL 3XL 4XL 5XL
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Cancer Survivor: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how many years since diagnosis?	Type of cancer diagnosis:
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As a participant in Relay For Life® I, for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge the American Cancer Society, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, 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 matter arising from or growing out of my participation or that of my child in the event. The American Cancer Society provides Relay For Life® participant ("Relay participant") Web pages as a service. All donations received through the Relay participant pages are contributions for which no goods and services have been provided. Therefore, Relay participant pages shall not contain any language, which suggests that merchandise will be provided in exchange for their contribution. Relay participants are expressly prohibited from offering merchandise sales, prizes, raffles, giveaways, lotteries, contests, tournaments, lucky draws, or any games of chance on their Relay participant pages either as an outright token action or as an inducement to solicit donations. As a Relay participant, you are limited to disseminating information that is for the benefit of the American Cancer Society's Relay For Life®. The Relay participant pages are expected to represent the American Cancer Society in a professional manner in accordance with the Society's Web policy. Furthermore, Relay participants are expressly prohibited from including information on their Relay For Life® Web pages that are inconsistent with the American Cancer Society's mission and values. Relay For Life® Web pages shall not advertise for-profit business. Examples of prohibited subjects include, but not are limited to, the sale or promotion of any goods or services, an endorsement or perceived endorsement of any goods or services, support or opposition of a political party or a political candidate, materials affiliated with tobacco or tobacco-related products and any other products inconsistent with the Society mission, content of any nature which may result in fraud or misrepresentation to the public, pornographic or otherwise offensive sexual materials, racially or ethnically prejudicial materials, overtly religious materials or any other information that may be offensive to the general public. Relay participant agrees to indemnify the American Cancer Society for all fines, fees and expenses incurred as a result of the breach of any contractual obligations of the Relay Participant. 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 deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment. If I am under the age of 18, my parents have consented to my participation at the American Cancer Society's Relay For Life®. When I am on the premises of the American Cancer Society or at an American Cancer Society sponsored event, my parents have given their consent for me to participate in Relay For Life® and have agreed to all of the Relay Participant Donation and Solicitation Agreement Terms and Conditions on my behalf. Content Disclaimer The American Cancer Society does not exercise any editorial control over the information you may find on Relay participant Web pages. Opinions expressed on Relay participant Web pages do not necessarily represent the official views of the American Cancer Society.

Signature: _____ Date: _____
 (Parent's signature if participant is under 18 years of age)

Please be sure to fill out the form **completely** and mail to:

Sherry McAllister
 Relay For Life of Marion County, GA
 358 McAllister Road
 Buena Vista, GA 31803