



Cheshire Kids Care

KIDS CARE

2011 Relay For Life

K - 6

Liability Waiver

ALL PARTICIPANTS MUST SIGN A WAIVER

Team Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Email: _____ Age: Must state age if under 21 _____

RELEASE

I have elected to participate in the American Cancer Society Relay For Life of Cheshire on June 10th and June 11th, 2011. I understand that my participation in the Relay is voluntary. I realize that any time one engages in physical activity such as Relay For Life, there are inherent risks and dangers including, but not limited to, muscular or skeletal problems, heart attack, cerebral problems and other miscellaneous injuries or conditions. I, therefore, accept all responsibility and voluntarily assume all risks and dangers of any injury or damage to my person, which may arise from my participation in the Relay, whether occurring prior to, during or after the event.

With acceptance of this entry, I hereby release and discharge the American Cancer Society, its officers, employees, sponsors, organizers, volunteers, other representatives or their successors, and all other persons connected therewith, from all causes of action, claims, demands, damages and liability whatsoever that I or my representatives have or may have against any of them, arising from my participation in Relay.

I also grant permission to the American Cancer Society to use my image or likeness in connection with any live or recorded transmission or reproductions, whether by photo, film, videotape or otherwise, of the event for any purpose.

I have carefully read this Release, understand and agree with all of its terms and conditions.

Signature: _____

Parent's Signature: _____ Phone: _____

(If participant is under 21)

RETURN THIS FORM TO YOUR KIDS CARE TEAM CAPTAIN