



*An event to support the  
American Cancer Society  
Relay For Life Community Celebration  
Honoring Survivors and Caregivers*

REGISTRATION & WAIVER FORM  
(Please Print All Information)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am 18 years old or under :  No  Yes (of yes, please list age: \_\_\_\_\_)

Are you a member of a Relay For Life Team? Team Name \_\_\_\_\_

If you are registered for the Relay For Life of Tehama & Glenn Counties your registration fee will be credited to your donations.  
Note: Registration on a Team is not required, Your participation fee will be credited to the Glenn County Relay For Life team of your choice \_\_\_\_\_

Enclosed is my check payable to the American Cancer Society for my registration fee. Fee: \$10.00 per participant

**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. 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 or 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 my minor child's likeness, including without limitation, claims for libel or invasion or privacy.
- I agree that ACS and its licensees may use any and all photographic images and video or audio recording made during the event, including those including myself/or my minor child.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or legal guardian if participant is under 18)

Return registration & payment to:  
5K For a Cure - c/o Nancy Mulligan, 410 S. Marshall Ave., Willows, CA 95988

# 5K For A Cure

A Non-competitive Fun Run/Walk

to Support **CARNIVAL FOR A CURE**

*A Community Celebration Honoring Survivors & Caregivers*

**Saturday, April 21, 2018**

**Willows High School Track**

**Registration: 9:00am**

**Race Starts: 10:00am**

**\$10.00 Registration Fee**

**Registration Form Available at**

**<https://accsmsstorage.blob.core.windows.net/cmsfiles/zTHqwJXFAJ6DSiRn.pdf>**

*Visit us on Facebook at Relay For Life of Tehama and Glenn Counties*



Relay For Life of  
Tehama & Glenn Counties  
Satellite Event