



Paws For A Cure

April 10, 2010
10 a.m.—2 p.m.
Kenny Gardens



Participant Registration and Waiver Form

This form must be filled out and returned to either the Cumberland Valley Animal Shelter or the American Cancer Society

Participant Name: _____ Team Name (if applicable): _____

Participant Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Email: _____

Preferred Method of Contact: Home Phone Work Phone Email

Dog's Name: _____ Vet's Name: _____ Vet's Phone Number: _____

Team/Individual Commitment Fee: \$20.00/team or \$5.00/individual

Waiver: All participants MUST read and sign

- I waive and release all rights and claim for damage against the organizers or anyone else associated with Paws For A Cure, for any injuries suffered by me or my dog as a result of taking part in the day's activities.
- I will be responsible for the conduct of my dog, keeping him/her leashed at all times and cleaning up after my pet. I will not bring a female dog in heat or a dog known to be aggressive toward people or other dogs.
- I certify that my dog is up to date on vaccinations and has a current dog license.
- As a participant with the American Cancer Society, 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)

Additional Information

I am a cancer survivor: Yes No If Yes, date of diagnosis: ____/____/____ type of cancer: _____

I am a caregiver Yes No

My dog is a cancer survivor: Yes No If Yes, date of diagnosis: ____/____/____ type of cancer: _____

My dog is a caregiver Yes No

I am interested in learning more about the Cumberland Valley Animal Shelter and how I can help further their mission and efforts: Yes No

I am interested in learning more about the American Cancer Society and how I can help further their mission and efforts: Yes No

The official registration and financial information of the American Cancer Society, Pennsylvania Division may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 800.227.0999. Registration does not imply endorsement

All proceeds will be split equally between the Cumberland Valley Animal Shelter and the American Cancer Society.