Charlotte County's **TRUCKERS' PARADE AGAINST CANCER**

To benefit The American Cancer Society

Participant Information and Waiver Form

Please **PRINT** all information

PARTICIPANT'S NAME_____

PARTICIPANT'S ADDRESS_____

CITY:_____**STATE**_____ **ZIP**_____

HOME PHONE ( )_____**WORK PHONE ( )**_____

COMPANY NAME:_____

WAIVER—each Participant MUST read and sign.

Return to TPAC TEAMwith your commitment/registration fee.

*As a participant in the Charlotte County Truck Parade, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the American Cancer Society, the event sites, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating business 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's Signature: _____Date:_____

This event is being organized by TPAC Relay for Life Team to benefit the American Cancer Society. For more info call Mike Hopkins 434-262-3014 or Sheila Jones 434-391- 4026