## 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	
CITYSTATEZIP	
DRIVER'S CELL PHONE	
(THIS IS VERY INPORTANT, IF WE NEED TO GET LAST MINUTE INFORMATION DRIVER)	ТО
COMPANY NAME	
COMPANY PHONE NUMBER	
WAIVER-each participant MUST read and sign. Extra forms available on we	bsite,
www.truckersparade.com	
Return to TPAC Team with your registration fee and information form. Th	anks
*As a participant in the Charlotte County Truck Parade, I, for myself, my execut	
administrators, and assigns, do hereby release and discharge the American Cancer S	•
the event sites, their management, their officers, members, sponsors, organizers, c	
representatives, or their successors, and all cooperating business and organizations	
claims of damages, Covid-19 issues, demands, actions, and causes whatsoever in	
manner arising or growing out of my participation or that of my child in this eve	
* I give my full permission for the use of my name and photograph in this even	
* I also give my full permission for such first aid as is deemed necessary to be provi	
me or my child on the premises or prior to transport to a hospital for further treat	ment.
Participant's SignatureDate	
This event is being organized by TPAC Relay for Life Team to benefit the American Cancer S	
For more information call Sheila @ 434-391-4026 or Emily @ 434-568-	0849



THANKS FOR ALL THAT YOU DO FOR THE FIGHT AGAINST CANCER!!