Charlotte County's TRUCKERS' PARADE AGAINST CANCER

To benefit The American Cancer Society

Participant Information and Waiver Form

Please **PRINT** all information

CITY:STATEZIP	PARTICIPANT'S NAME
WORK PHONE ()	PARTICIPANT'S ADDRESS
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 NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	CITY:STATEZIP
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: 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 NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	HOME PHONE ()WORK PHONE ()
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:	COMPANY NAME:
*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: Date: 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 NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	WAIVER—each Participant MUST read and sign.
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 NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	Return to TPAC TEAMwith your commitment/registration fee.
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:	*As a participant in the Charlotte County Truck Parade, I, for myself, my executor,
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:	
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:	event sites, their management, their officers, members, sponsors, organizers, or their
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:	representatives, or their successors, and all cooperating business and organizations from all
*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:	claims of damages, demands, actions, and causes whatsoever in any manner arising or growing
*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:	out of my participation or that of my child in this event.
my child on the premises or prior to transport to a hospital for further treatment. Participant's Signature: Date:	*I give my full permission for the use of my name and photograph in this event.
Participant's Signature:Date:Date:	*I also give my full permission for such first aid as is deemed necessary to be provided to me or
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 NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	
Society. For more info call Mike Hopkins 434-262-3014 or Sheila Jones 434-391- 4026 NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	Participant's Signature:Date:
NEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA	
	Society. For more info call Mike Hopkins 434-262-3014 or Sheila Jones 434-391- 4026
Trucking for a Cure!!!	IEW LOCATION-CENTRAL MIDDLE SCHOOL-CHARLOTTE COURT HOUSE, VA
	Trucking for a Cure!!!