



American Cancer Society Bark For Life of the High Desert
 Mojave Narrows 1pm-4pm
 Registration begins at 12pm
 September 17th, 2011
 Registration and Waiver Form PLEASE PRINT ALL INFORMATION

Canine Owner's Name: _____
 Canine Name/Names: _____
 Address: _____ City: _____ State: _____
 Zip: _____
 This is my address at: Home Work (please check one)
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Fax: _____
 I prefer to be contacted at: Home Work Cell (please check one)
 Emergency Contact Name: _____
 Emergency Contact Phone: _____
 I am 18 years old or under: No Yes (if yes, please list age: _____)
 Emergency Email: _____
 Yes No The canine's owner is a cancer survivor.

Registration fee \$20 for first canine, \$10 each additional canine.
 # of canine(s) _____ \$ _____ (total registration fee)
 Enclosed is my check payable to the American Cancer Society for my registration fee.
 Please charge my credit card for my registration fee for the American Cancer Society Bark For Life of High Desert. Please fill out the information clearly and completely. Your signature is required to process the credit card.
 Charge my: Visa Mastercard Discover
 American Express
 Name on card: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account number: _____ Exp Date: _____

Return to American Cancer Society, 6355 Riverside Ave, Riverside, Ca 92506

Canine Bandana Size: _____ Small _____ Medium _____ Large
 (Please enter quantity of each if registering more than one dog on this form)

Waiver - Each canine owner must read and sign

- As a participant in the American Cancer Society Bark For Life, 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 dog/dogs in this event.
- I give my full permission for the use of my name and photographs in this event.
- I also give my full permission for such first aid as is deemed necessary to be provided to me or my dog/dogs on the premises or prior to transport to a medical facility for further treatment.

Participant Signature: _____ Date: ___/___/___
 (Signature of parent or legal guardian if human participant is under 18)

For more information contact Danielle Polliard 760-473-0664,
 Danielle.chrisinger@cancer.org

The information enclosed describes one or more of the American Cancer Society, Inc.'s ("ACS"), and the American Cancer Society, Midwest Division, Inc.'s (the "Division") activities. A copy of our latest financial report may be obtained by writing to the Division, N19 W24350 Riverwood Drive, Waukesha, WI 53188, or the ACS, 250 Williams Street, Atlanta, GA 30303, or by calling 1-800-227-2345.

