

Youth Participant Waiver Form

The American Cancer Society's Relay For Life requires one chaperone over the age of 25 for every five youth team members. For this event, a youth is considered anyone under age 18.

Name		Age
Address		
City	State	ZIP
Phone ()	Email	
Team Name	Team Captain's	Name
Chaperone's Name		Age
Chaperone's Address		
Chaperone's Phone Number	Chaperone's Cel	ll Phone
In the event of an emergency, it might be necessary to reach a number on the line below.	a parent or guardi	ian. Please print his or her name and phone
Parent's Name	Parent's Phone	Number
 Welcome to the American Cancer Society's Relay For Life! Wifight cancer. The American Cancer Society's goal is to provid pants. As a youth participant, you play a valuable role in atta. While participating, Relay For Life participants shall Respect the individual rights, safety, and property of others. Avoid displays of overly affectionate behavior. Not participate in obscene and/or discriminatory language or roughhousing. Not be insubordinate to chaperones or the leader in charge of the event. Not possess or use weapons, alcoholic beverages, tobacco and/or illegal drugs at any event, activity, or meeting, or remain in the presence of individuals who possess or use these items. Abide by all rules of the attended event, activity, or meeting. Participate in activities to the best of their ability. Notify a chaperone or staff person if they have concerns or medical needs during the Relay For Life. Not engage in conversations or activities that are sexual in nature. Not leave the event site(s) without permission. 	e a safe, fun, and positive experience for all Relay partici-	
	Parents will be	e notified of action taken.
By my signature below, I acknowledge receipt of this docume the guidelines in this document. I am aware that if I violate t terminate my participation, and my parent/guardian will be home at my own expense. Additionally, I understand that the and at their discretion may report any disciplinary action to	he agreement, the e contacted and re e American Cance	e staff may, at their sole discretion, equired to provide me with transportation er Society works with partner organizations
Youth Participant's Signature		Date
\square I give permission for my son/daughter to participate \square I give permission for my son/daughter to serve on the		· · · · · · · · · · · · · · · · · · ·
Parent's Signature (required)		Date