



2019
Central Montana Relay For Life
PARTICIPANT REGISTRATION

FOR OFFICE USE ONLY:
Event Name: Central Montana Relay For Life
Event Date: Friday, July 12th, 2019
Event Location: Fergus County Fairgrounds
Team Name:
Entered Online by:
Date:

Cancer Survivors, please fill out the Survivor Registration, not the Participant Registration

Team Name:

Team Captain? Y N If no, please provide team captain's name:

First Name: Last Name:

Address:

City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Email: Online Password:

Gender: M or F

Select the race you most closely identify with: African American/Black American Indian/Alaskan Native

Asian Caucasian/White Hispanic/Latino Pacific Islander Other

My Reason(s) to Relay: Self Caregiver Relative Friend

T-Shirt Size: YS YM YL S M L XL XXL XXXL

- I, as a Participant in Relay for Life, 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 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/Guardian Signature: Date:

RETURN TO: Lana Papp, 300 Snowy Mountain Drive, Lewistown, MT 59457 ~ 535-5188