



## Relay for Life of Huntington High School

### Permission for Youth Participation and Waiver of Liability

Must be completed and submitted at the last meeting and signed by both parent and youth.

#### Rules for Youth Participation

- Relay For Life is an alcohol and tobacco free event – for all participants.
- American Cancer Society reserves the right to inspect the quarters of any student participant upon information and belief that the above rule is not strictly adhered to.
- Youth may not leave the event site without permission from their chaperone
- Youth are **required** to raise a minimum of \$100 (including their \$20 registration fee) in order to earn the privilege to stay overnight. If the \$100 minimum is not met, this permission slip will not be accepted. Youth may still participate but will be asked to leave the event at midnight.
- Youth who have not received a parent's permission to stay all night, must leave the event by midnight.
- Permission slips that are not filled out **in their entirety** will not be accepted.

#### **I agree to follow these rules:**

Youth's Name (please print): \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Team Name: \_\_\_\_\_

#### Parent's Permission and Waiver of Liability

- I give my permission for my child \_\_\_\_\_ (insert name) to participate in the American Cancer Society **RELAY for LIFE OF HUNTINGTON HIGH SCHOOL ON May 17-18, 2013 under the supervision of** \_\_\_\_\_ (insert chaperone's name).
- My child and I have read and understand the rules applicable to his/her participation. My child understands it is his/her responsibility to follow these rules and any other directions provided by the leaders of the event.
- While there will be adults present at the event, I understand they are not responsible for supervising my child.
- I have read and understand the waiver of liability below.
- **Waiver of Liability: I assume all risk of personal injury including death and damage to personal property that may be sustained by my child while attending and/or participating in this event. I release the American Cancer Society, including any unit or Division thereof, from any and all liability for any injury, death or damages that my child may suffer whether due to the negligence of the American Cancer Society, their respective agents, servants, employees or volunteers. I also agree to defend, indemnify and hold harmless the American Cancer Society and its directors, officers, employees and volunteers from and against any and all actions, suits, claims, demands, causes of action, proceedings, losses, costs and expenses including and without limitation all attorney fees and disbursements, damages, liability and fines or penalties in any way arising out of, or relating to, or connected with directly or indirectly, my child's participation in this event regardless of whether there is active or passive negligence or fault on the part of the American Cancer Society or other released parties.**

Parent's Name (please print): \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Who to Contact in the  
Event of an Emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_