



Please Join Us

The American Cancer Society

Relay For Life

SURVIVOR CELEBRATION



Celebrate your strength and courage...

The American Cancer Society considers someone a cancer survivor from the moment of diagnosis on. No matter what type of cancer, no matter how long the treatment. Whether you are newly diagnosed, in treatment or cancer-free, we would like to honor you and your victory in the fight against cancer. Please join fellow survivors from your community at the Relay For Life in a special Survivor Walk. Cancer survivors like you will lead the opening ceremonies in a CELEBRATION OF LIFE! Family members and friends are encouraged to join us during this special celebration.

___ **Yes**, I will walk in the Survivors Walk. There is no cost to participate.

Please check off your T-shirt Size YM YL S M L XL XXL XXXL

Relay For Life of Pascack Valley

May 22-23, 2010

Survivor Celebration begins at 7:00pm

Pascack Valley High School
200 Piermont Ave, Hillsdale, NJ

www.relayforlife.org/pascackvalleyNJ

Name _____ Year of diagnosis (optional) _____

Street _____ Type of cancer (optional) _____

City _____ State _____ Zip _____ Phone _____ Email _____

Waiver: In consideration of being permitted to participate in Relay For Life, I hereby for myself, my heirs, and my personal representatives assume any and all risks which might be associated with the event, and I further waive, release, discharge and covenant not to sue the American Cancer Society, its officers, members, sponsors, organizers or other representatives, or successors and assigns, for any injuries or damages of any kinds whatsoever as a result of taking part in this event and related activities. As a contribution to the advancement of the cause of combating cancer, I hereby consent irrevocably to the use by the American Cancer Society, Inc., of my name or likeness, biographical data or testimonial on radio, television, still or motion pictures of theatrical exhibition, or any other form of publication without limitation or reservation.

Survivor (or Parent/Guardian) Signature _____ Date _____

Return to: American Cancer Society ATTN: RFL of Pascack Valley 20 Mercer Street, Hackensack, NJ 07601
Phone: 201.457.3418 x2225 Or Fax to: 201.343.1839