

# Youth Agreement Waiver Form



Welcome to the American Cancer Society's Relay For Life! We are so happy that you're involved! Youth Participation is important to us. We hope you have a great time raising money and gain an awareness of Cancer.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Team name: \_\_\_\_\_ Team captain's name: \_\_\_\_\_

Chaperone \_\_\_\_\_ Parent Contact Info: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Phone (701) \_\_\_\_\_ Home Phone (701) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Behavior Expectations:

The goal of the Relay is to provide a safe, fun and positive experience for all participants. As a youth participant, you play a valuable role in attaining this goal. A code of conduct is set forth to ensure this.

While participating in the Relay, I will:

- Respect the individual rights, safety and property of others
- Not participate in obscene and/or discriminatory language, roughhousing, and will not be insubordinate to the committee in charge of the event or the chaperones.
- Not possess or use weapons, alcohol, tobacco, and/or drugs. A zero tolerance policy is in effect.
- Abide by all rules of the Relay.
- Be responsible to my team. Walk the track to honor cancer survivors and remember cancer victims.
- Not leave the event without permission from my chaperone.

## Disciplinary Action:

Penalties and or disciplinary action for the infractions of this code of conduct may include any or all of the following:

- One warning is issued to the participant.
- Send the participant home. A parent will be called. If a parent can't be reached, ACS staff will decide upon an alternative action.
- Bar that participant from any future ACS activities.
- Participant will be responsible for the cost of damages and repairs in event of damage/destruction.
- Release participant to law enforcement agency.
- Parents will be notified of any actions taken.

By my signature below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the Relay For Life Committee and staff partner may, in sole discretion, terminate my participation, and my parent will be contacted.

As a participant, I do hereby release and discharge the ACS and all related representatives of the Relay For Life from all claims of damages, demands, actions and causes whatsoever, in any manner arising out of my participation or that of my child.

I give my full permission for use of my photos in Relay related advertising. I give my permission for such first aid as deemed necessary to be provided to me or my child.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_