



# We invite you to become part of the celebration at:

## 2014 Relay For Life North Miami

In honor of our loved ones who are battling against cancer, we invite you to attend Relay For Life. Please come in support of them and join us in celebration by being there for the Survivor Victory Lap. There will be a complimentary reception for all survivors and caregivers. You & your loved ones strength and courage are a testament to the progress we are making in our fight against cancer. One person, hand in hand with another, can make a difference. We hope that you will stay and enjoy the festivities after the Opening Ceremony.

**Opening Ceremony begins at 6:00PM. The Survivor Victory Lap will immediately follow the Opening Ceremony.**

**Relay For Life North Miami  
April 5, 2014  
Griffing Park  
12220 Griffing Blvd  
North Miami, FL 33161**

### Survivor Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size (please circle one): **Youth:** S M L **Adult:** S M L XL XXL XXXL

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_

Date of Diagnosis: (mm/yy) \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you registered with The American Cancer Society's Patient Services Center? Yes \_\_\_ No \_\_\_

If you are within three years of diagnosis, may our Patient Services Center call you with information? Yes \_\_\_ No \_\_\_

**Waiver:** In consideration of being permitted to participate in Relay For Life, I hereby for myself, my heirs, and personal representative 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 kind whatsoever suffered as a result of taking part in the event and related activities.

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

Parent Signature (if under 18) \_\_\_\_\_

To register go to [www.relayforlife.org/northmiamifill](http://www.relayforlife.org/northmiamifill) then click on "sign up" then "register as a survivor" or Complete this form and mail/fax to:  
American Cancer Society  
Attn: North Miami RFL  
8095 NW 12 St. #200  
Miami, FL 33186  
Fax: (305) 592-5140  
  
Call Vanessa Pineda  
305-779-2877  
for questions