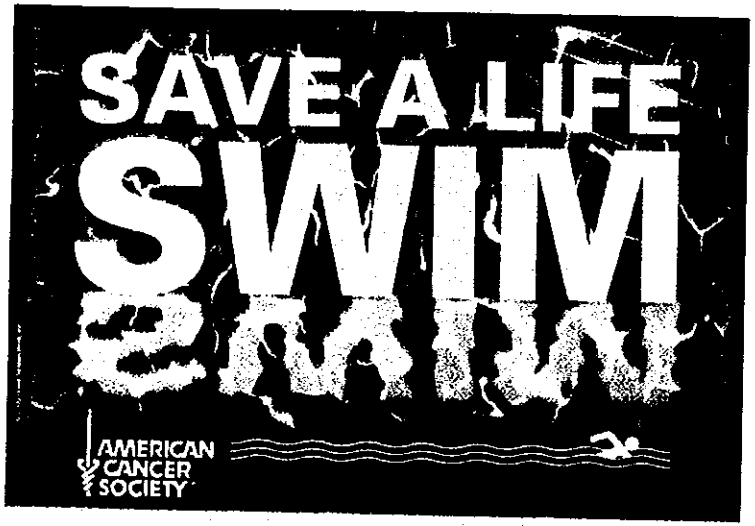
Save a Life Swim Sponsorship



Name_____

Address_____

City_____

State_____ Zip_____

All checks should be made payable to the **American Cancer Society.** So that all donors receive full credit for their donations, please complete all columns in the chart below. For credit card donations, please contact the American Cancer Society at 215.712.3295x3014 or Betsy.Harbison@cancer.org.

Waiver—must be signed to participate

In consideration of being permitted to participate in the Save a Life Swim, I hereby for myself, my heirs, and 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, it's officers, members, sponsors, organizers or other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever as a result of taking part in the event and related activities.

_____
Signature

_____
Parent or Guardian Signature (If under 18)

_____
Date

Date Paid	Donor Name	Address/City/State	Zip	Home Phone	Amount Cash/Check
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Total: $_____