

## Cancer Research Relay



### Survivors form

Yes, I am a Cancer Survivor and wish to support Cancer Research Relay. Here are my contact details:

Title		First name		Surname	
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Address:	

Date of birth		Gender:	
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Telephone no.	Daytime:		Evening	
	Mobile:			

Email address:	
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Please answer the following questions by circling as appropriate:

I wish to participate in the Survivors Lap: Yes  No

I will need assistance round the track: Yes  No

I am interested in assisting in other ways at Relay: Yes  No

As a participant in the Survivors Lap you will receive a T-Shirt as a special memento. Please confirm size:

Small  Medium  Large  X-Large

Please provide contact details for individuals we should contact in case of emergency and details of any medical conditions and/or medication we should be aware of::

Contact 1	Name		Tel no.	
Contact 2	Name		Tel no.	
Medical condition				

### Personal declaration

I confirm that I wish to enter the Cancer Research Relay and understand that I do so at my own risk and that Cancer Research Relay committee will not accept liability for any loss or injury that may occur as a result of my participation save as a result of their negligence. I agree that I should seek medical advice from my general practitioner if I am in doubt as to my physical ability to participate in the event.

I confirm that I am aware that photographs taken of me during Cancer Research Relay may be used to publicise the event.

I understand that information provided in this form will be used solely for the purposes of this event and will not be disclosed to third parties.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if under 18)