

## SURVIVOR REGISTRATION FORM

Relay For Life is a great community event that celebrates life and pays tribute to those touched by cancer. If you have been directly affected by cancer you are invited to be our Guest of Honour at this special occasion.

To accept your invitation to your local Relay For Life, please fill in this form and return it to your Relay Committee. Or, you can register online at [www.cancerresearchuk.org/relay](http://www.cancerresearchuk.org/relay).

*Thank you*



### Personal and event details

I would like to take part in Relay For Life as a Survivor. I understand that by doing so I consent to my information, as a Survivor, being held by Cancer Research UK and being passed to the committee organising the event, so that they can contact me regarding this event and future Relay events.

Title	First Name	Surname
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	T-shirt Size <input type="checkbox"/> Age 5-6 <input type="checkbox"/> Age 9-10 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL
Postal Address		Postcode
E-mail	Tel	Mob
Relay Name	Event Date	

As part of Cancer Research UK's commitment to your safety, please supply a contact number that you are happy for us and the emergency services to use on the day of the event in case of emergency.

Name	Phone Number
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### Personal declaration

I confirm that I wish to enter Relay For Life and understand that I do so at my own risk and that Cancer Research UK will not accept liability for any injury or loss 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 any doubt as to my physical ability to participate in the event. I have read and agree to comply with the Relay For Life rules, which are contained on the Relay For Life website. I confirm that I am aware that photographs taken of me during Relay For Life may be used to publicise the event and the work of Cancer Research UK generally.

Sign	Print Name	Date
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### Parental/guardian consent

This is required for volunteers under the age of 18.

I give my consent for \_\_\_\_\_ to volunteer with Cancer Research UK Relay For Life

Sign	Print Name	Date
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Relation to You
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### Data protection

Cancer Research UK would like to contact you with details of activities (including fundraising) involving Cancer Research UK.

To receive this information electronically via email or on your mobile phone please tick the relevant box Email  Mobile

If you would prefer not to receive this information by post or telephone please tick this box

We may want to share your details with organisations that are supportive of Cancer Research UK's charitable aims and objectives. If you would prefer us not to, please tick this box

Don't worry if you change your mind, you can unsubscribe at any time by contacting Relay For Life, P.O. Box 124, Tiverton, EX16 0AD or emailing [supporterservices@cancer.org.uk](mailto:supporterservices@cancer.org.uk).

By providing us with any personal data you consent to the terms and conditions of our Privacy Statement available at [www.cancerresearchuk.org](http://www.cancerresearchuk.org).