

Survivor Registration - Survivor Lap Relay For Life 2017

Bermuda Cancer and Health Centre, Charity #070



Relay For Life is a celebration of survival and a tribute to the lives of loved ones who have faced or are currently facing cancer. Cancer survivors are invited to walk the Survivors' Victory Lap, the first lap of Relay For Life, to acknowledge and celebrate their courage in the battle against cancer. We would like to extend you a special invitation to participate in this inspiring event, along with your family and friends.

Event information: Relay For Life of Bermuda will be held on **May 12-13, 2017** at North Field, National Sports Centre. Opening Ceremonies begin at 6:30pm immediately followed by the Survivors' Victory Lap.

To register complete the following form and email it to: survivors@relayforlife-bermuda.org

First Name:		Last Name:	
Date of birth:	mm/dd/yyyy	Gender:	MALE FEMALE
House Name #:		Street:	
Parish:		Postal Code:	
Telephone number:		Cell number:	
Email address:			
T-Shirt Size:	Please circle Youth SM M L XL XXL XXXL		
Are you participating on a Relay Team:	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES - RELAY TEAM NAME:		
How many years have you been a cancer survivor?		What type of cancer did/do you have?	
I will attend the Survivors' Victory Lap	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you want to hold a Survivor sign?*	<input type="checkbox"/> YES <input type="checkbox"/> NO

- NO I would not like to receive updates from Bermuda Cancer and Health Centre
- NO I do not wish my name to be listed publically as a survivor

As a survivor participant in Relay For Life, I acknowledge and consent to the following:

- That my personal information is kept confidential and only used for the purpose of participation in Relay For Life and for communicating with me about Bermuda Cancer and Health Centre events, support services, consumer surveys or program evaluations. As a Relay For Life participant, I may have access to information or records pertaining to volunteers or donors.
- My experience may be an inspiration to others. I give Bermuda Cancer and Health Centre permission to photograph and videotape me in the course of my participation in the Relay For Life event, and use my name, comments and any photographs and videotapes of me for Bermuda Cancer and Health Centre purposes in any media unless I withdraw consent for this use.
- I waive and release any and all claims for myself, my heirs, executors and administrators against the Bermuda Cancer and Health Centre, its agents, employees, volunteers and licensees and any sponsors, officials and organizers of the Relay For Life event in connection with any injury, illness or death which may directly or indirectly result from my participation in this event.

Signature of survivor: _____ Date: _____

Survivors under 18 years of age must obtain the consent of a parent/guardian.

Name of parent/guardian(s) authorized to sign for survivor: _____

Signature of parent/guardian(s): _____ Date: _____

***The survivor signs are hand held signs that state the number of years you are a survivor.**