

TEAM DETAILS FORM



NAME: _____
ADDRESS: _____
_____ P/code _____
PHONE: _____ MOBILE: _____
EMAIL: _____
Waiver signature _____
(Parents/Guardian signature if under the age of 18)
Date ___/___ Are you a cancer survivor Y N
If YES will you join the survivors walk Y N

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RETURN TO:

The Cancer Council NT
Darwin: PO Box 42719
Casuarina NT 0811 OR
Alice: PO Box 9215
Alice Springs NT 0871
FAX TO: 89274990

WAIVER: In consideration of my participation in Relay for Life, I hereby for myself, my heirs and personal representatives assume any and all risks which may be associated with the event, and I further waive, release, discharge and covenant not to sue The Cancer Council NT, its Officers, Members, Sponsors, Organisers or other representatives or successors and assigns, for any injuries or damages of any kind what so ever as a result of taking part in the event and related activities.