

## **RELAY FOR LIFE Youth Team Supervisor Form- Must be completed in order for your team registration to be accepted.**

Cancer Council Queensland requires two supervisors over the age of 21 for every youth/school team. These supervisors must be *reachable, responsible* and *around*. **Team Supervisors are responsible for the behaviour of the youth they oversee.**

### **Supervisor responsibilities**

- Supervisors must remain on-site for the duration of the Relay. This includes remaining at the campsite during overnight hours (*except opening, closing, candlelight, and fight back ceremonies*)
- Supervisors must attend at least one Team Captains meeting. These meetings present an opportunity for you to ask any questions you may have about youth teams or your Supervisor responsibilities.
- Supervisors must sign the liability waiver below and follow the event rules and regulations.
- Supervisors are responsible for each youth (under 18) on the team and their behaviour.
- Supervisors must be reachable by mobile phone at all times throughout the Relay.
- If a youth needs to leave for any reason, the supervisor is responsible to ensure parental/guardian approval is sought before the youth leaves.

**Before** you agree to be a Youth Team Supervisor:

- ✓ consider the guidelines above,
- ✓ get to know the people in your team; and most of all,
- ✓ remember what Relay is all about.

**Privacy Collection Statement:** Your Personal Information is being or has been collected by the Cancer Council to facilitate services or products requested by you and/or to keep you informed about Cancer Council related activities. We may send you information about programs, products, services, fundraising or other activities which we think may interest you. Your Personal Information may be provided to third parties where required by law or so that such third parties may provide Cancer Council with services. In so doing your Personal Information may be disclosed to overseas recipients. Please refer to our Privacy Policy (which is available on the relevant Cancer Council website as listed at the link below or on request by calling 13 11 20) for further details. By providing your information to us you consent to your information being disclosed or used for this purpose. We will take reasonable steps to ensure that such third parties deal with your information appropriately and only for Cancer Council purposes. Please refer to our Privacy Policy, or details in the relevant communication, if you wish to unsubscribe. Our Privacy Policy also explains how you can contact us to access and correct your personal information or make a privacy complaint.

"Cancer Council", "we", "us" or "our" means Cancer Council Australia or the Cancer Council in the State or Territory in which you are participating in the fundraising activity, or in your State or Territory of residence (as applicable). Full details of Cancer Council Australia and its State and Territory members are available here: <http://www.cancer.org.au/about-us/state-and-territory-councils/>.

**DISCLAIMER:** In consideration of this entry being accepted, I, the understated, intending to be legally bound for myself and my heirs, executors and administrators, waive and release Cancer Council Queensland, the organisers and sponsors (individually and collectively), including the directors, officers, staff, volunteers and representatives thereof for, and indemnify them against, any liability (including liability for negligence) for the death or any physical or mental injury, illness, incapacity or property damage or loss I may suffer which may directly or indirectly result from my participation in the event. I further verify that I am in proper physical and mental condition to participate in the event and acknowledge that I am aware of the risks involved and voluntarily agree to assume those risks.

### **Supervisor 1**

Title _____	First Name _____	Surname _____	Team Name _____
Arrival Time _____	Departure Time _____		
Mobile _____	Age _____		
E-mail _____			
I have reviewed the Supervisor responsibilities, Privacy Collection Statement and waiver above and accept them. <input type="checkbox"/>			
Signature _____			

### **Supervisor 2**

Title _____	First Name _____	Surname _____	Team Name _____
Arrival Time _____	Departure Time _____		
Mobile _____	Age _____		
E-mail _____			
I have reviewed the Supervisor responsibilities, Privacy Collection Statement and waiver above and accept them. <input type="checkbox"/>			
Signature _____			