

# Community Activity Program

## Activity Registration Form



All participants in Cancer Council Queensland's (CCQ) Community Activity Program (CAP) will be required to complete, sign, and return this activity registration form to CCQ. Please note that it is a condition of participation that you have had a cancer experience, either as a survivor, patient, partner, family member or carer.

If this form relates to a CAP group that runs a physical activity you will be required to complete a *Waiver* in addition to this form. If you have any medical conditions or have not been physically active for some time we recommend that you check with your doctor before choosing to participate in this program. In providing your details and registering for The Community Activity Program you accept CCQ's Privacy Collection Statement provided below.

**Activity:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Privacy Collection Statement**

Your Personal Information is being or has been collected by Cancer Council Queensland (ACN 009 784 356) ("Cancer Council", "we", "us" or "our") [[www.cancerqld.org.au](http://www.cancerqld.org.au)], 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, services, 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 at the website above 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. If you wish to unsubscribe please email [dataservices@cancerqld.org.au](mailto:dataservices@cancerqld.org.au) or write to Data Services, Cancer Council Queensland, PO Box 201, Spring Hill, QLD 4004. Our Privacy Policy explains how you can contact us to access and correct your personal information or make a privacy complaint.

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## Waiver for Physical Activity Groups



In consideration of this registration being accepted and my being permitted to participate in the activity, I agree to the following, intending to be legally bound for myself and my heirs, executors and administrators:

1. I understand and agree that I participate in the activity at my own risk.
2. I acknowledge the activity involves a significant degree of physical exertion and the risk of physical injury and accept that Cancer Council Queensland and the group leader have undertaken no assessment of my ability to participate and I am solely responsible for my own level of fitness and personal ability to participate.
3. I am aware of the risks involved in participation in the activity including the risk of physical injury and voluntarily agree to assume those risks.
4. I agree to consult with my medical practitioner prior to the activity if I am in any doubt as to my fitness and whether to participate
5. I agree to follow the rules, regulations and instructions of Cancer Council Queensland and the group leader.
6. I accept that Cancer Council Queensland and the group leader are not responsible for the security of my personal belongings.
7. I understand that participants under the age of 18 are required to have a parent or guardian read and accept these terms and conditions of participation on their behalf.
8. To the fullest extent permitted by law, I release Cancer Council Queensland, the group leader, and sponsors and their directors, officers, staff, volunteers and representatives and indemnify them against all liability for any death, personal injury, illness or incapacity, property damage or other loss which I may suffer (however caused and whether arising under any statute, in tort (for negligence or otherwise), or on any other basis in law), which may occur as a direct or indirect result of my participation in the activity.
9. To the fullest extent permitted by law, Cancer Council Queensland and the group leader exclude all warranties or guarantees regarding the activity including any warranty or guarantee that any services will be rendered with due care and skill or that any goods supplied in connection with those services will be reasonably fit for the purpose for which they are supplied. To the extent that liability for any warranty or guarantee cannot by law be excluded, then, to the fullest extent permitted by law, Cancer Council Queensland and the group leader's liability:
  - a. for death, physical or mental injury or disease (including any aggravation or acceleration of such injury or disease) is entirely excluded; and
  - b. otherwise is limited, at Cancer Council Queensland's option, to supplying the goods or services again or paying the cost of having the goods or services supplied again.

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_