

For the Love of Bryony - Registration Form

All event participants are required to fill in this form to register for this challenge.

Challenge:

Dates:

Title: Forename:

Surname:

Gender: Date of Birth:

Address:

Post Code:

Tel (Day): Tel (Eve):

Mobile Shirt Size:
(S, M, L etc)

Email:

Next of Kin Details

Title: Forename:

Surname:

Relationship to participant

Tel (Day): Eve):

Mobile

I agree that I participate entirely at my own risk and accept that neither the event organisers, WellChild, sponsors or any person involved in the organisation of the event are liable for any loss, damage, claim, expense, injury or accidents which may arise as a consequence of my negligence at the event. I remain responsible for my own property; I am in good health and have no known medical condition, and know of no other reason why I should not participate in the event.

WellChild would like to keep you informed of the activities of the charity that they feel may be of interest to you. Please tick if you do not wish to receive this.

SignedDate / /.....