

LOUTH RUN FOR LIFE REGISTRATION FORM

If you'd like to register for the Louth Run For Louth please provide the following information to Cancer Research UK who will pass your data onto the volunteer organiser of the event. Cancer Research UK and the organiser of the event will only use your details to communicate with you about the event, unless you have agreed otherwise below. Parents/Guardians must complete a form on behalf of under 18s.

Please tick the event you're registering for:

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Please complete the form in BLOCK CAPITALS.

TITLE	<input type="text"/>	FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
DATE OF BIRTH (DD/MM/YY)	<input type="text"/>				
HOME ADDRESS	<input type="text"/>				
<input type="text"/>					
<input type="text"/>	POST CODE	<input type="text"/>			
PHONE	<input type="text"/>				
EMAIL	<input type="text"/>				
TEAM NAME	<input type="text"/>				

To register by post, please send this form and a cheque payable to Cancer Research UK to:
Louth Run For Life, 16 Pasture Drive, Louth, Lincolnshire, LN11 8XA

ALL PARTICIPANTS ARE REQUIRED TO SIGN ONE OF THE FOLLOWING DECLARATIONS AS PART OF THE REGISTRATION PROCESS:

INDIVIDUAL DECLARATION: I confirm that I wish to enter the Louth Run For Life which is organised by Louth Local Committee on behalf of Cancer Research UK and understand that I do so at my own risk and that neither Cancer Research UK nor the committee will be liable for any injury or loss that may occur as a result of my participation other than as a result of Cancer Research UK's or the committee's negligence. I agree that medical advice should be sought from a GP if I am in any doubts as to my physical ability to participate in the event. I consent that photographs taken during the Louth Run For Life may be used to publicise events like these and the work of Cancer Research UK generally.

Signature:

Date:

PARENTAL/GUARDIAN DECLARATION: I, the undersigned, am the parent or legal guardian of the person named above and hereby give my consent to his/her participation in the Louth Run For Life which is organised by Louth Local Committee on behalf of Cancer Research UK. I understand that the person named above takes part in the event at his/her own risk and that neither Cancer Research UK nor the committee will be liable for any injury or loss that may occur as a result from his/her participation other than as a result of Cancer Research UK's or the committee's negligence. I agree that medical advice should be sought from a GP if I am in any doubts as to the physical ability of the named person above to participate in the event. I consent that photographs taken during the Louth Run For Life may be used to publicise events like these and the work of Cancer Research UK generally.

Parent/guardian signature:

Relationship to child:

Date: