

The 5Kool RUN

A Tavistock Athletic Club Production

ENTRY FORM

Surname		Forename Tick	М	F		
Address						
Post Code						
email		Date of Birth				
Contact Tel No						
Club (if any)						
Over the last 4 weeks, how often have you done at least 30 minutes of at least moderate exercise?		Less than once per week Three times per Once per week Four + times per Twice per week Don't know/not	week			
Please provide any details of medical conditions or medication which you are using.						
Emergency Contact name						
Emergency contact telephone number						
Declaration –						
If participating in the state of the st	ne run alone I am 11 or mo	ore years of age.				
If under 11 years of	If under 11 years of age I am being accompanied by a responsible adult.					
 I accept that the organisers will not be liable for any loss, damage or action claim, costs or expenses that may arise in consequence of my participation in this event. 						
I declare that I will not compete in the run unless I am in good health on the day. I will only compete at my own risk.						
I understand that t	I understand that the entrance fee is not refundable.					

• I will abide by the instructions of the organisers, including the officials and marshals whilst participating in this event.

DATA PROTECTION: The information provided by you on this form will be used solely for the purpose of the event organisers and identification for health and safety purposes. The information will be available to members of the results team and appropriate officials but will not be passed to any other person or agency. The published results of each run will show your name and club (if any) only.

Please sign below for the above statements. This form must be signed by a parent or guardian if the participants is below 16 years of age.

Signed	 Date	