



## **REGISTRATION FORM - GET INTO GEAR 2020**

Full name: Mr/Mrs/Miss		
Address:		Postcode:
Tel:	Mobile:	
Email:		
Date of Birth:	(Min. age 15 on day of race)	
Male Female		
Are you currently involved in any	other form of exercise?	Yes No
If yes, what and how often?		
Running: Complete Beginn	ner? Returning to running	g? Already run?
Are there any health issues/medical concerns we need to take into consideration? Please detail:		
I confirm I understand that participation on these sessions is entirely at my own risk and I should consult my doctor if suffering from any condition that might make running injurious to my health. Please refer to further terms below.		
Signature:		Date:
If you are under the age of 18 we require the signature of a parent/guardian.		
Print name:	Signed:	Date:

I acknowledge that the event sponsors, session organisers, Run For All, or any person involved in the organisations of the sessions shall not be liable for any injury, accidents, loss or damage suffered. I am Healthy and have no known medical conditions or any reason why I should not participate in the sessions.

I give permission for Run For All Ltd to store my personal data as above for the purpose of organising the training sessions and in order to send out vital information about the training sessions. Personal data will not be used for marketing purposes unless marketing consent is received via the tick box below.

I give my permission for photos and videos to be taken at the training sessions to be shared with Run For All Ltd for marketing and promotion purposes of the event. If you wish to be excluded from any photos and videos, please highlight this to the training session leader and to Run For All Ltd in writing.

□ Please tick this box if you want to receive further marketing information for Run For All events.

One form per person please. All fields are mandatory, please complete in BLOCK CAPITALS. Please bring the completed form to the Get into GEAR training session.