

Autumn Equinox 10k and Half Marathon

Please complete the details below to enter the above event.

Race entered	Autumn Equinox 10k and Half Marathon	
Mr/Mrs/Ms/Miss	Forename	Surname
Address		
Postcode:		
Tel home:		
Tel work:		
Mobile:		
Email:		
Any additional information	Date of Birth	Emergency Contact details (to include name & tel no.)
Club	Male/Female	
Team Name		

IMPORTANT, PLEASE READ AND SIGN AS INDICATED I agree to take part in this event at my own risk. To the fullest extent permitted by law, Spinal Injuries Association and the Gareth Savin Trust, its sponsors, contractors and agents will not be responsible for any loss, damage, illness, injury or death to person, animal, vehicle or trailer caused or arising out of my involvement with this event. SIA reserves the right to alter the date or start time of the event at any time and for any reason.

I am not aware of any medical condition or other reason why I should not participate. I will be over 18 years of age on the day of the event

Signed _____ Date _____

Data Protection We would like to send you details by post or e-mail, of other events that you might be interested in. Tick this box before returning the form to us, if you would prefer us not to keep your details for this purpose. Your details will not be passed on to a third party.

Please return your completed form(s) to:

Spinal Injuries Association, SIA House, 2 Trueman Place, Oldbrook, Milton Keynes, Buckinghamshire, MK6 2HH
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