

Winter Solstice Run 5 & 10 km

Please complete the details below to enter the above event.

Race entered	Winter Solstice Run	
Mr/Mrs/Ms/Miss	Forename	Surname
Address		
Postcode:		
Tel home:		
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 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/Simon Lovett 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 or, if I will be under 18 years of age.

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
Tel No: 0845 071 4350 Fax No: 0845 070 6911 fundraising@spinal.co.uk Registered Charity 1054097