Race Number:

ON THE DAY RACE ENTRY FORM

Transfer ☐ Missing Pack ☐ Entry on the Day ☐ Amount Paid: £ .

First Name: Last Name:

Email:

Date of Birth: D D / M M / Y Y Y Y Gender: Male ☐ Female ☐

Phone Number:

Emergency Contact Name:

Emergency Contact Number:

Relevant Medical Details:

Club:

Declaration:

- I am medically fit to compete, no risk to myself or others and have, where necessary, consulted my GP prior to participating.
- I enter this event at my own risk and understand that whilst every reasonable care has been taken, I cannot hold the organisers, sponsors or landowners responsible for my safety before, during or after participating in this event, nor any property lost or damaged.
- I am required to complete the relevant medical information on the back of my race number prior to starting the race. Where I have identified any medical conditions/allergies, I will mark a large red cross on the front of my race number.

We, Trent Park Running Club, would like to send you, via email, race results, information, and details of our future events. We do not supply your details to third parties and you can unsubscribe at anytime. To receive these we need your consent below.

I consent ☐ I do not consent ☐

Signed: Date: D D / M M / Y Y Y Y