

Saturday 8th May 2010
**The Marie Curie Whole Hog
Registration Form**



To register please send your registration fee of £35 (inc VAT) with this form to Scottish Events Team, Marie Curie Cancer Care, PO Box 23898, 14 Links Place, Edinburgh, EH6 9AD. Please make cheques payable to Marie Curie Trading Ltd.
If you wish to pay by credit card please complete the slip at the bottom of this page.

Personal Details

Title: _____ Name: _____ Surname: _____

Address: _____ Postcode: _____

Tel: _____ Mob: _____ Email*: _____

*By giving us your e-mail address, you agree that we may use it to send you information about our work, campaigning, fundraising and other activities

Date of birth: _____ Age on Event Day: _____ Gender: M/F _____ T-shirt Size: S M L XL

How did you hear about the event? _____

Team Details

I am participating as part of a team Yes No

I am participating as an individual Yes No

Team Name: _____

Team Members: _____

Entry Confirmation

I am over 18 years of age Yes No

I understand that photographs may be taken during the event which maybe used to publicise future events and the work of the charity generally.

Signature _____ Date _____

Data Protection

Marie Curie Cancer Care would like to keep you up to date with the work of the charity (including fundraising activities) using the contact details you provide, which we hope will be of interest to you. If at any time you do not wish to receive this information please tick this box and return to the address above

Marie Curie Cancer Care and Whole Hog event supplier Adventure Challenge Events Ltd may wish to contact you with regard to upcoming events.

If at any time you do not wish to receive this information please tick this box and return to the address above

Credit Card Details

Name on Card: _____ Signature: _____ Date: _____

Card Type: _____ Card Number: _____ Start: _____ Expiry: _____

Issue Number (If applicable) _____ Address of cardholder: _____

Medical Declaration The Marie Curie Whole Hog 2010

Title: _____ Forename: _____ Surname: _____

Home Address: _____

Mobile Phone Number (important for on the day contact): _____

GP's Name: _____

GP's Address: _____

GP's Telephone No: _____

In the event of an emergency, please contact:

Title: _____ Forename: _____ Surname: _____

Telephone Number (Day): _____ (Evening/Mobile): _____

Please state whether you have suffered/are suffering from any of the following:

		NO	YES	IF YES PLEASE GIVE DETAILS
1	Asthma or any condition affecting the lungs or throat			
2	Blood pressure, palpitations, Shortness of breath, chest pain or any condition of the heart			
3	Fits, fainting, black-outs or any disease of the nervous system			
4	Any condition affecting the ears and eyes or any defect of hearing or sight			
5	Any accident, physical defects, disc, hernia or back trouble			
6	Complaints of the arm, hand or shoulder caused by strain of muscles, tendons, joints or arthritis			
7	Allergy to any drugs or specific substances			
8	Are you currently receiving any medical treatment and/or taking any medication			
9	Any illness or conditions not already mentioned			

PLEASE NOTE: If you answer yes to any of the questions above and in any way believe that your ability may be impaired because of it, please seek the advice of your GP. Please confirm that you have sought and received permission from your GP to take part in this event (if relevant).

Participants Signature: _____ **Date:** _____

Disclaimer

The Marie Curie Whole Hog 2010

Marie Curie Cancer Care has taken all reasonable steps to eliminate the chance of injury but there is a certain minimal risk in every activity and you should withdraw from the event if you have any doubts. While public liability insurance is in force, this does not cover personal accidents other than personal injury caused by our negligence. We reserve the right to remove any participant who does not abide by the rules.

Other than as described above, Marie Curie Cancer Care, its employees, agents and volunteers are under no liability whatsoever to participants or spectators in respect of any loss or personal injury which may be sustained in the course of this event.

I understand the above disclaimer and agree to participate subject to the conditions described above

Signature _____ Date _____

Name (please print) _____



Check List

I have enclosed:

- Registration Form - remember to mark your t-shirt size
- Entry Fee (£35 individual, £105 group entry). Please make cheques payable to Marie Curie Trading Ltd
- Completed Medical Declaration Form
- Signed Disclaimer