

ARICONIUM CHALLENGE

REGISTRATION 2012

WHICH ROUTE:

| | | | | |
|-------------------------------------|----------------------------------|-----------------------------------|---|--|
| Which route do you wish follow? | <input type="checkbox"/> 15miles | <input type="checkbox"/> 20 miles | (you may change your mind at any time, even en-route) | |
| How many in your group? (inc. self) | | Group Type (eg. DofE etc.) | | |

LEAD WALKER:

| | | | | |
|--------------------|--|----------------------------|-----------|--|
| Title: | | Address: | | |
| Forename: | | | | |
| Surname: | | | | |
| Age: (if under 16) | | | Postcode: | |
| Contact Tel: | | Emergency Contact Details: | | |
| Event Mobile No:* | | Name: | | |
| Email: | | Contact Tel: | | |

DATA PROTECTION: The Benefice of Ariconium will not supply any personal details to any third parties. However, the organisers would like to contact you regarding similar future events, tick here if you **do not** wish to receive this

ADDITIONAL WALKERS: (Emergency contact details may be supplied on event day)

| | | | | |
|--------------------|--|----------------------------|--|--|
| No 2: Name: | | Emergency Contact Details: | | |
| Age: (if under 16) | | Name: | | |
| Event Mobile No:* | | Contact Tel: | | |

| | | | | |
|--------------------|--|----------------------------|--|--|
| No 3: Name: | | Emergency Contact Details: | | |
| Age: (if under 16) | | Name: | | |
| Event Mobile No:* | | Contact Tel: | | |

| | | | | |
|--------------------|--|----------------------------|--|--|
| No 4: Name: | | Emergency Contact Details: | | |
| Age: (if under 16) | | Name: | | |
| Event Mobile No:* | | Contact Tel: | | |

| | | | | |
|--------------------|--|----------------------------|--|--|
| No 5: Name: | | Emergency Contact Details: | | |
| Age: (if under 16) | | Name: | | |
| Event Mobile No:* | | Contact Tel: | | |

| | | | | |
|--------------------|--|----------------------------|--|--|
| No 6: Name: | | Emergency Contact Details: | | |
| Age: (if under 16) | | Name: | | |
| Event Mobile No:* | | Contact Tel: | | |

* Event Mobile No. – The organisers recommend that walkers carry a mobile phone during the event. Where available please provide these contact details for use during the event if required.

PAYMENT:

| Type of Registration | Cost | | No. Walkers | | Total | Please make cheques payable to 'Lea PCC' Send to: Ariconium Challenge Alice Basey Mile Post House 2 Frome Valley Way Ross-on-Wye Herefordshire, HR9 5HU All payments are non-refundable |
|------------------------------|------|---|-------------|---|-------|---|
| Adult - Advance Registration | £6 | x | | = | | |
| Adult - On Day Registration | £8 | x | | = | | |
| Under 16 (accompanied) | £3 | x | | = | | |
| Youth Group (under 18) | £3 | x | | = | | |
| Total Payable | | | | | = | |

DISCLAIMER:

- I am 16 years of age or over on the day of the event - if under 16 I understand that I must be accompanied by an adult or be taking part as a member of a supervised youth group activity
- I am medically fit and will inform the organisers in advance of the day of any medical condition which may affect my participation.
- I am taking part in this event entirely at my own risk and that the organisers, sponsors, charities, trustees and suppliers will not be liable for any injury or loss in consequence of my participation in this event. The event organisers will only accept responsibility for claims in respect of death or bodily injury or damage to property arising as a result of their legal liability at law in relation to this event.
- I have been advised by the organisers that it is my responsibility to provide suitable equipment for this event. Including suitable footwear and clothing, food, water and hi-vis/bright clothing (for road sections). A compass and first aid kit are also suggested.
- I agree to comply with all conditions laid down by the organisers and to abide by any instructions given by them.

To be signed by all walkers at the event registration prior to commencing the walk (registration opens at 0730)

| Walker | I have read and understand the conditions of the disclaimer (please tick the box below) | Walker's Signature |
|--------------|---|--------------------|
| Lead (No. 1) | <input type="checkbox"/> | |
| No 2 | <input type="checkbox"/> | |
| No 3 | <input type="checkbox"/> | |
| No 4 | <input type="checkbox"/> | |
| No 5 | <input type="checkbox"/> | |
| No 6 | <input type="checkbox"/> | |