



LINC 3 Counties Cycle Ride Sunday 7 June 2009

Registration Form

(Please feel free to photocopy this form for additional friends or family members)

Title First name Last name
..... Team Name.....

Address.....

.....Post Code.....

Home number.....Work number.....Mobile.....

email.....Date of Birth.....

Under 16s

If you are under 16, please ask your accompanying parent or guardian to sign below to agree to the conditions of entry on your behalf.

Under 12s

We would like everyone to be able to take part in our events, but as part of this bike ride takes place on main roads we do not feel it suitable for under 12s riding on their own bicycles. If you do choose to bring under 12s along we regret we will not be able to register them and cannot be held responsible for their safety during the event.

Declaration

I understand that if I am in doubt about my health or have a medical condition that could be affected by exercise, particularly heart condition I should obtain my doctor's approval before participating in a LINC event which involves exercise.

I acknowledge that I participate in this event at my own risk and that LINC cannot be held liable for any injury loss or damage caused or sustained as a result of my participation.

I confirm that I will abide by all rules and regulations set out by LINC for participating safely in this event. I understand that it is a fundraising event and pledge to raise as much sponsorship as possible and that entry fees are non refundable as they cover the costs of administering the event.

I understand that LINC may take photographs of me taking part in this event and permit them to use the image for promotional purposes. If signing for a child I give permission to use their image.

Signed.....Date.....

Your Personal Information

We greatly value your support and would like to keep you informed about future events using the contact information you have provided please tick the box if you would prefer NOT to hear about upcoming events.

Please tick here if you do NOT wish LINC to contact you by email about our work

Payment

Please make cheques payable to LINC

Before the day On the day
£10 per adult £5.00 under 16 £15 per adult £5 under 16

Total £.....

Please return the form and payment to:
The LINC Office
Haematology Department
Cheltenham General Hospital
Sandford Road
Cheltenham GL53 7AN