



REGISTRATION FORM

Southend Seafront Walk - Sunday, 15th May 2022 starting from the car park Southchurch Park East, SS1 2XE

Every person who plans to participate in the walk must complete this form and return it to the address below. Once the registration form has been received an official Sponsorship Form will be sent to you.

Name -----	Please return this form to:-
Address -----	Sandy Lambert
-----	Flat 31 Alston Court
-----	15 Crowstone Road
-----Postcode-----	Westcliff-on-Sea
-----	SS0 8EH
Telephone -----	
Email -----	Group -----

Please tick:

T-Shirt: 5-6yr, 9-11yr, Small, Medium, Large, XL, XXL **I have a BLUE T-shirt**

My personal target challenge is:

10 miles Southchurch / Chalkwell / Southchurch Park / Shoebury/ Southchurch Park

6 miles Southchurch/Chalkwell Beach/Southchurch 3 miles Southchurch/Adventure Island/Southchurch

Booking terms and conditions

1. A Walk to D'Feet or MND T-shirt will be given to each registered walker to be worn on the day of the walk to help raise awareness. 2. Each participant agrees to obtain sponsorship on behalf of the South Essex Branch of the Motor Neurone Disease Association. All money will be paid by **30th June 2022**. All complete, and incomplete sponsorship forms must be returned with the sponsorship money. 3. All registered participants will be covered by the Association's Public Liability Insurance against third party damage. However please note that this does not cover you or your dependents for personal injury or death. We therefore strongly recommend that you take out your own insurance cover for personal accident benefits to whatever level you feel appropriate. If in doubt you should seek independent advice.

Although Walk to D'Feet MND is a low risk event, as with all sports activities, it does involve personal risks. I therefore accept and confirm that to the best of my knowledge, my general state of health and fitness is good and that I take full responsibility for my fitness to take part. I voluntarily accept that there may be risks, and that I do not hold the Motor Neurone Disease Association and its subsidiaries responsible for any accident or incident resulting in any loss or damage (including bodily injury and death).

I confirm I have read all the above clauses and the Health & Safety Guidelines on my Information Sheet. I understand and agree to be bound by those terms and conditions and to comply fully with the same and deem that I am fit to take part in this event. I WILL NOT COME IF I AM UNWELL OR HAVE ANY COVID-19 SYMPTOMS. I agree that my details can be retained to advise me of future South Essex branch activities. This information will not be passed to anyone else. However should you wish to receive information from National Office please tick: Mail or E-mail or Both

Name ----- Signed ----- Date -----