



REGISTRATION FORM



Wickford Memorial Park Walk - Sunday, 28th November 2021

Every person who plans to participate in the walk must complete this form and return it to the address below. In order to avoid congestion at the start pre-registration is essential. Once the registration form has been received an official sponsorship form will be sent to you and a start time advised. Hot jacket potatoes will only be available for those registered by 18th November.

Name: -----	
Address: ----- ----- -----	Please return this form to:- Clair Fox 32 Keswick Avenue Hullbridge Essex SS5 6JN
Postcode: -----	
Telephone: -----	mnda.cfox@gmail.com
Email: -----	Group: -----

Please select - A size large enough to go over your jacket
T-Shirt: 5-6yr, 9-11yr, Small, Medium, Large, XL, XXL None - I have a T-shirt
My personal target challenge is:
4 laps - 10k 3 laps - 7.5k 2 laps - 5k 1 lap - 2.5k

Booking terms and conditions

1. All participants must have a face covering with them to put on when they are close to people they do not live with.
2. 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.
3. 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 **5th January 2022**. All complete, and incomplete sponsorship forms must be returned with the sponsorship money.
- 4 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 dependants 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 ATTEND 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.

Should you also wish to receive information from National Office please select: **Mail / E-mail / Both / No Thankyou**

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