



REGISTRATION FORM

Leigh/Southend Seafront Walk - Sunday 12th May 2024

Every person taking part in the walk must complete this form and return it. Once the registration form has been received an official Sponsorship Form will be sent to you.

PRINT TO COMPLETE FORM THEN EITHER EMAIL OR POST TO:

Name -----

Address -----

Postcode -----

Telephone -----

Email -----

mich.shabi@gmail.com

**Walk to d'Feet Registration
Hartford House
London Road
Bowers Gifford
SS13 2HE**

For your FREE T-Shirt please circle your size. T-Shirts can be collected on the day

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

My personal target challenge is:

10 miles Leigh/ Toby Carvery/ Leigh
8 miles Leigh/ The Kursaal / Leigh
7.2 miles Leigh/ The Pier/ Leigh

5.5 miles Leigh/ Palmeira Arches/ Leigh
3.2 miles Leigh/ Joscelyn's Beach/ Leigh
1.5 miles Leigh/ Bell Wharf/ Leigh

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 sponsorship money will be paid by **31st July 2024**. 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 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 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 -----