

## Casual Runner/Cycling Disclaimer Form

Name:

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Additional Family Names:

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Address:

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Mobile Number:

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Emergency contact:

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Relationship to you:

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Phone:

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Any Medical Conditions:

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I declare that I am over 18 years of age and medically fit to run/cycle. If signing on behalf of family members I declare they are medically fit to run/cycle. I understand that by choosing to participate I/we do so entirely at my/our own risk and that SCL/BRDC will not be liable for any loss, damage, action, claim, cost or expense which I/we suffer or incur as a result of taking part in this activity except where this is caused by SCL/BRDC's negligence. All information provided will be used solely for the purpose of administering the activity and will be managed in accordance with the Data Protection Act 1998.

Signature:

Date: