

Charity Registration Form

Your Contact Details

Full name:	<input type="text"/>		
Membership number:	<input type="text"/>		
Practice address:	<input type="text"/>		
Telephone number:	<input type="text"/>	Mobile:	<input type="text"/>
Email address:	<input type="text"/>		

Next of Kin

Full name:	<input type="text"/>		
Relationship:	<input type="text"/>		
Address:	<input type="text"/>		
Telephone number:	<input type="text"/>	Mobile:	<input type="text"/>

Medical Information:

This event will require a good level of fitness and endurance. It is your responsibility to ensure that you have the appropriate level of fitness. The event is not recommended for those with any infirmity. You should check with your doctor to ensure that you are sufficiently fit and healthy to participate. A qualified first aider will be travelling with the group at all times. Do you have a history of any of the following conditions?

If yes, please give details in the space provided below:

Heart or circulatory disease Yes ☐ No ☐

Raised blood pressure Yes ☐ No ☐

Respiratory disease Asthma Yes ☐ No ☐

Hay fever Yes ☐ No ☐

Epilepsy Yes ☐ No ☐

Diabetes Yes ☐ No ☐

Joint or back injuries Yes ☐ No ☐

Allergies Yes ☐ No ☐

Heat stroke Yes ☐ No ☐

Vertigo Yes ☐ No ☐

Any other conditions? Yes ☐ No ☐ Please specify:

Please list any medication you are currently taking:

Are you allergic to any medication? Yes ☐ No ☐ If yes, please give details in the space provided below:

If you do have a pre-existing medical condition you must notify us for insurance purposes. If you are over the age of 65 or you have a pre-existing medical condition, you must ask your doctor to sign below confirming that you are fit to undertake this challenge.

Doctor's signature:

Date:

Terms and Conditions:

- a. To take part in this event, you are required to complete in full and sign this document.
- b. Should you have to withdraw your registration fee is non refundable.
- c. All persons taking part in the challenge must be at least 18 years old.
- d. Participation in this event is at your own risk. Simplyhealth Foundation accept no liability for death, illness or personal injury as a result of your participation in the event. All participants are strongly advised to consult their doctor prior to undertaking any exercise programme. We recommend you follow a training programme prior to taking part in our event.
- e. Participants who are drug and alcohol dependant will not be permitted to take part.
- f. Simplyhealth Foundation may, at their discretion, withdraw your entry from the event at any time, if it's believed to be in their or your own best interests to do so, and this decision is final.
- g. You will be responsible for providing your own personal equipment; trainers, bicycles and maps. It is your responsibility to ensure your equipment is in good working order. As well as being able to be self-sufficient if anything requires emergency repairs.
- h. You must comply with health and safety regulations, including wearing a cycle helmet, which confirms to current regulation. Wear appropriate attire including light coloured or fluorescent clothing which helps other road users to see you in daylight and poor light, as well as reflective clothing and/or accessories (belt, arm or ankle bands).
- i. You give your consent that any photographs taken at the event can be used for future promotional purposes.
- j. Travel to and from the start and finish point are the individual's responsibility.
- k. Registration Fee
 - Your deposit can be paid by credit card, monthly report or cheque (made payable to Denplan Ltd) and will help cover the costs associated with the event.

Registration Statements:

- I agree to take part in this Simplyhealth Event.
- I agree to pay the non-refundable deposit.
- I confirm that the medical history provided is true and accurate and to the best of my knowledge.
- In the event of illness or an accident on the trip, I hereby give permission for the first aid staff to initiate medical treatment and notify my next of kin in case of hospitalisation.
- I understand this form and your information will be treated as confidential and will be used if medical attention is required during the event.
- I agree to the above terms and conditions.
- I confirm I have read and understood the need for fitness and I take full responsibility for my fitness to take part.
- I understand that I will only be registered onto the event when I have fully completed and returned this form as well as the deposit.

Full name:

Signature:

Date: