**Mothers’ Union 5km Challenge**

**Registration Form**

**Thank you for your interest in taking part in the Mothers’ Union challenge to run or walk 5km. Details of the event are as follows:**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete this registration form and return it:

* by post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* by email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal details

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postcode |  |
| Date of Birth  |  |
| Home telephone  |  |
| Mobile telephone  |  |
| Email |  |

Next of kin

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Postcode |  |
| Relationship to you  |  |
| Home telephone  |  |
| Mobile telephone  |  |
| Email |  |

**Medical history and fitness**

Our overriding priority is the safety of everyone taking part. While anyone should be able to take part in this challenge and take it at their own pace, you may find it requires some degree of strenuous activity, depending on your level of fitness.

I understand the nature and demands of the challenge and accept responsibility for my fitness and ability to take part. I understand that I enter at my own risk and will not hold the challenge organisers or officials responsible or liable for any injury, illness or damage howsoever caused to my person or any other person, or any property during or as a result of participating in this challenge.

In the event of an accident or illness whilst taking part in this challenge, I hereby give permission for the onsite First Aiders to initiate medical treatment and to inform my next of kin if appropriate.

I agree that I will bring any personal medication with me for the treatment of any allergies, asthma, diabetes etc. or any injuries. However, I accept that volunteers of the challenge organiser are not permitted to administer medication to participants unless they are a recognised medical practitioner supporting the challenge.

**Signature**

**Date**

**Terms and Conditions**

* On the day, all participants must adhere to the instructions of the Organisers, any Volunteer Marshals and any First Aiders.
* Anyone acting in a way that may be deemed at risk of causing injury to themselves or others will be asked to leave.
* The 5km Challenge is open to anyone of any age. However, anyone under the age of 18 must complete a Parental Guardian Consent Form and be accompanied by a parent or guardian at all times. If either the parent / guardian or the child have to drop out, the other must stop as well.
* The Organisers may pass your details onto the central Mothers’ Union headquarters for any necessary purposes of insurance and administration relating to the 5km challenge. Your details will not be used for any other purposes unless you have opted in below to receive further information about the work of Mothers’ Union.

Please tick if youare happy for Mothers’ Union to use any photos or videos taken of you for promotional purposes, to help raise awareness of the charity, at both a local and national level. These may appear on the Mothers’ Union website, social media and printed literature.

Please tick if you are happy for Mothers’ Union to contact you in the future with information about its programme work and other aspects of fundraising, unrelated to the 5km Challenge

**I agree to the above Terms and Conditions**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**