



Charity Challenge 2015

Entry and Health Screening Form

Name:

Address:

Postcode: **Tel No:**

Email address:

Date of Birth: **Age on event day:**

Organisation (if any)

Collecting sponsorship for:

I am hoping to raise: (amount)

Emergency Contact (Please provide details of someone we can contact in the event of an emergency):

Name: **Tel No:**

I enclose entry fee of £10.00 (adults) £7 (children) – Cheques payable to 'Galloway Mountain Rescue Team'

For reasons of supervision and safety, the maximum adult/child ratio is 1 adult to 4 children.
(Children are walkers under 16 years of age).

Medical Screening

Please tick any of the following which apply to you. If you tick any, please provide further details including current medication in the space provided.

Asthma **Diabetes** **Heart condition** **Allergies** **Sight impairment**

Hearing impairment **High Blood Pressure** **other medical condition** (Specify below)

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Liability

Whilst Galloway MRT has public liability insurance, it will not be responsible for any injury, illness, death or claim of any description whatsoever which results from any of the following:

1. the act(s) and/or omission(s) of any walker; or
2. the act(s) and/or omission(s) of a third party not connected with Galloway MRT and which were unforeseeable or unavoidable; and all walkers are strongly advised to obtain adequate medical insurance to cover them in the event of an accident or illness.

SIGNED: **DATE:**

If signing on behalf of a child, please state your relationship to the child:

Please ensure that you have read the attached information sheet.

Return to: Mrs M McCann, Cornakinnegar, 8 Jubilee Terrace, Wigtown, Newton Stewart, DG8 9JF
Email: challenge2015@gallowaymrt.org.uk

Creating a unique opportunity to raise funds for your charity