Richmond 10K

Saturday 18th August 2012

Registration fee £15.00 per person or £10.00 for affiliated UKA running club members – all ages welcome
(includes a finishing medal)

Please complete the details below to enter the above event.
Check in area open at 8.30am, the 10K starts at 9.45am

Race entered	10K/Mini's Race/ Wheelchair Race		
Mr/Mrs/Ms/Miss	Forename	Surname	
Address Postcode:			
Tel home: Tel work: Mobile: Email:			Where did you hear about this event? Estimated Finish Time Best time for Distance.
Any additional infor	Date of Birth		Emergency Contact details (to include name & tel no.)
Club Affiliated to UKA Y/N Registration Number Team Name	Male/Female		Have you any additional information that we can use for PR purposes.

IMPORTANT, PLEASE READ AND SIGN AS INDICATED I agree to take part in this event at my own risk. To the fullest extent permitted by law, Spinal Injuries Association and the Gareth Savin Trust, its sponsors, contractors and agents will not be responsible for any loss, damage, illness, injury or death to person, animal, vehicle or trailer caused or arising out of my involvement with this event. SIA/Gareth Savin reserves the right to alter the date or start time of the event at any time and for any reason. *(If for any reason an event is cancelled a full refund will be given.)*

I am not aware of any medical condition or other reason why I should not participate. I will be over 18 years of age on the day of the event or, if I will be under 18 years of age, the consent box below has been signed by my parent or guardian.

Signed	Date	Relationship to participant (if under 18 yrs)

We accept payment of the registration fee by all major credit & debit cards (N.B. We do not accept Solo card).
If paying by cheque, please make it payable to: Spinal Injuries Association. (*Details can be taken over the phone if you prefer)*

CARDHOLDER_____TYPE OF CARD_____
(Visa/Access/Mastercard/Switch)

CARD NUMBER | | | | | | | | | | | | | | | | | | | | | |

Expiry date_____ Issue No. (Switch cards) or Start date_____ Amount to be charged £_____

Signed _____ Date _____

Data Protection We would like to send you details by post or e-mail, of other events that you might be interested in. Tick this box before returning the form to us, if you would prefer us not to keep your details for this purpose. Your details will not be passed on to a third party. ☐

Please return your completed form(s) to:
Spinal Injuries Association, SIA House, 2 Trueman Place, Oldbrook, Milton Keynes, Buckinghamshire, MK6 2HH
Tel No: 0845 071 4350 Fax No: 0845 070 6911 fundraising@spinal.co.uk Registered Charity 1054097