

Hospice to Hospice Walk 2019

Application (1 form per person)

Group Name: _____

(If you are walking as part of an organised group please put your group name here)

Personal Information

Full Name: Mr / Mrs / Ms / Miss / Other _____

First Name _____

Surname _____

Address: _____

Postcode

Home Phone: _____ **Mobile Phone:** _____

Email _____

If under 16 years of age please fill out below:

Birth Date: _____

**Parent / Guardian
Name:** _____

Contact Address _____ **Phone:** _____

Email: _____

**Name of
accompanying
registered adult** _____

Relationship: _____

P.T.O

Terms and Conditions

Declaration:

I confirm I am in good health and know of no medical reason why I should not participate in this event. I accept all conditions of entry and acknowledge that the organisers shall not be liable for death, personal injury, loss or damage as a consequence of my participation in the event, except with regard to personal injury which is caused by the organiser's negligence. I understand that the Hospice reserve the right to alter arrangements and conditions (such as event venue, route, date and start time)s should circumstances required. I understand that if I bring a dog to the Hospice to Hospice Walk I am solely responsible for the dog at all times and agree to keep the dog on a short lead for the duration of the event. I understand that a photographer/videographer will be attending the event. All photographs and videos taken at the event are the property of Springhill hospice. I consent that any photographs or videos taken at the event which include me may be used for Hospice marketing and publications. Participants under the age of 16 must be accompanied by an adult who is also registered for the Hospice to Hospice Walk.

I confirm that I have read and accept the terms and conditions of entry to this event

Event Refund Policy:

Event registration fees are non-refundable. Please note, if you feel you have been charged incorrectly or if unauthorised use of your payment card is proven in relation to fraudulent activity, please contact us on 01706 641790 (opt 1) and/or your credit or debit card provider, as soon as possible. If you do not tell us on becoming aware of an incorrect or unauthorised transaction we may not be able to help. If Springhill Hospice has to cancel the event, a full refund will be offered.

I confirm that I am entering this event in support of Springhill Hospice

Your Communication Preferences:

Springhill Hospice will collect a limited amount of data from you when you sign up for our Hospice to Hospice Walk. We will use your contact information to provide you with useful and relevant information regarding Springhill Hospice. We will never pass on your personal information to anyone else and you can let us know at any time if you would prefer not to receive information from us anymore by using the online form www.springhill.org.uk/communications by email fundraising@springhill.org.uk or by telephone 01706 641790 (opt 1). Please note in order to fulfil your registration we may need to contact you via email, post and telephone in relation to the Hospice to Hospice Walk

Please let us know your communication preferences

Email

Post

I do not wish to hear from you in the future

Phone

Text Message

Total Paid (£): _____

Date: _____

Signature: _____