**Declaration Form 34th Wold Dash Series 2017**

Full Name:…………………………………………Age Group……………...

Address:....................................................................Male/Female

.............…………………………………………….D.O.B…………………..

……………………………………………………..Club…………………….

Tel No: ……………………………………………EA.No ………………...

Declaration:

I am medically fit to run and understand that I enter at my own risk. The organisers will not be held liable for injury, loss, or illness however occasioned from this event.

Signed: ……………………………………………………..Date ………………………..

(Parent/Guardian if under 16)