**Declaration Form 35th Wold Dash Series 2018 RACE No.**

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.

Data Protection Act

You agree that we may publish your Personal Information as part of the results of the Event and may pass such information to the governing body or any affiliated organisation for the purpose of insurance, licences or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times, occupation and age category.

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

(Parent/Guardian if under 16)

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