

Forest Evasion 2016 Team Sign Up Form

Organisation:						
team. If you have p	•	ams, please fill out o e to be catchers plea Team Name' blank.	-			
Team Name:						
Members						
Forename	Surname	Date Of Birth	Evader/Catcher			

Number of badges you'd like (to be picked up and paid for at event):

All participants will need to fill out an Emergency Contact Form (attached) to be brought with them to the event and handed in at registration.

Please send completed forms to info@forestevasion.co.uk
Any other questions feel free to contact the organisers at the above e-mail.



Forest Evasion 2016 Emergency Contact Form					
Personal Details	Full Name				
	Address		Doctor's Name		
	Town		Surgery & Phone No.		
	Post Code		D.O.B.		
	Participant Contact Number		Email		
	Emergency contact 1 and relationship		Emergency contact 2 and relationship		
	Contact No.		Contact No.		
Medical Details	Do you suffer from any relevant medical conditions, including any conditions that affect breathing or the heart? NO YES (Detail Overleaf)		Do you suffer from any allergies? NO YES (Detail Overleaf) Are you receiving medical treatment or taking medicines at the present time? NO YES (Detail Overleaf)		
December 2 de la	الممسمام والمسملة المساورة				

By signing this I hereby declare that:

- I give the organisers permission to seek medical help in the event of an emergency.
- I agree for photos taken of me to be used in future publicity (Delete if you do not agree).
- I understand that the event I am partaking in is an endurance event and believe I am of suitable health.
- I understand that the event I am partaking in is a navigation event and believe I am competent at navigation.

competent at natibation				
6.				
Signature		Date		