

Forest Evasion 2018 Team Sign Up Form

Organisation:

team. If you have the number of co	e people that wou	le teams, please fill ou ld like to be catchers p eparate form for them atcher on a form.	lease, depending on
Team Name:			
Members			
Forename	Surname	Date Of Birth	Evader/Catcher

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 2018 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)			
By signing this	s 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 navigation.				
Signature		Date		