British Heart Foundation CYMRU

GOWER BIKE RIDE

Sunday 6 July 2008

sports council wales
cyngor chwaraeon cymru

HER AWYR AGORED OUTDOOR CHALLENGE

REGISTRATION FORM

(Please feel free to photocopy this form for additional friends or family members)

Title **First name** **Last name**

.... **Team Name** .....

Address.....

.....**Postcode** .....

Home number .....**Work number** .....**Mobile** .....

email ..... **Date of birth** .....

Under 16s

If you are under 16, please ask your accompanying parent or guardian to sign below to agree to the conditions of entry on your behalf.

Under 12s

We would like everyone to be able to take part in our events, but as part of this bike ride takes place on main roads we do not feel it suitable for under 12s riding on their own bicycles. If you do choose to bring under 12s along we regret we will not be able to register them and cannot be held responsible for their safety during the event.

DECLARATION

I understand that if I am in doubt about my health or have a medical condition that could be affected by exercise, particularly heart condition I should obtain my doctor's approval before participating in a BHF event which involves exercise.

I acknowledge that I participate in this event at my own risk and that the BHF cannot be held liable for any injury loss or damage caused or sustained as a result of my participation.

I confirm that I will abide by all rules and regulations set out by the BHF for participating safely in this event. In understand that it is a fundraising event and pledge to raise as much sponsorship as possible and that entry fees are non refundable as they cover the costs of administering the event.

I understand that the BHF may take photographs of me taking part in this event and permit them to use the image for promotional purposes. If signing for a child I give permission to use their image.

Signed..... **Date**.....

YOUR PERSONAL INFORMATION

We greatly value your support and would like to keep you informed about future events using the contact information you have provided. Please tick the box if you would prefer **NOT** to hear about upcoming events. ☐ (MP25)

Please tick here if you do **NOT** wish the British Heart Foundation to contact you by email about our work. ☐ (MP08)

Please tick here if you do **NOT** wish the British Heart Foundation to contact you by phone or post about our work. ☐ (MP38)

We may want to share your information with other organisations that are in partnership with the British Heart Foundation and who support our aims and objectives. Please tick here if you would prefer us **NOT** to share your details. ☐ (MP02)

PAYMENT

Please note these are registration fees in advance. Any places still remaining on the day will be charged at a higher registration fee

Adult **£10** ☐

Child (12 to 16 year old) **£5** ☐

FREE! Event T-shirt: Please choose your size

☐ S ☐ M ☐ L ☐ XL

Total: **£** .....

Please make your **cheque** payable to the **British Heart Foundation**

CREDIT/DEBIT CARD

Card type: (please circle) Visa / MasterCard / Maestro / Amex

Name of cardholder .....

Card number .....

Start date .....

Expiry date .....

Issue number (if Maestro) .....

3-Digit security number (on reverse of card) .....

Signature .....

Date.....

WHERE DID YOU HEAR ABOUT THIS EVENT?

Local newspaper ☐ Radio ☐ Banner ☐ Poster ☐

Mailing to my work ☐ Local Authority Website ☐

Other(please specify).....

DO YOU HAVE A SPECIAL REASON FOR TAKING PART?

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Please return form and payment to:
British Heart Foundation Cymru
14 Park Grove
Cardiff
CF10 3BN

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