

Participants Details:

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| First name: |
| Surname: |
| Date of Birth: Age: |
| Gender: |
| Ethnicity: |
| Do you have a disability: |
| If YES nature of disability: |
| Do you have any access needs: |
| Are you fit enough to take part: |

Contact Details:

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| Email: |
| Telephone: |
| Address: |
| Emergency Contact Number: |

***Photo Notice: This is a public event. Photographs will be taken and may be shared on social media.***

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| Can we contact you again for future fundraising events: |
| Are you interested in any volunteering opportunities: |