OTMOOR CHALLENGE – WALKERS REGISTRATION CARD

Mr/Mrs/Ms *(circle one)*

FIRST NAME ……. SURNAME …….. (*PRINT*)

ADDRESS …….

…….

POST CODE …….. TEL NO ……..

ENTRY £

We would like to send news about future Otmoor Challenges to your email address. It will not be passed on to any other organisation. If you consent to this, please enter your email address in the box below.

PLEASE PRINT CLEARLY ONE DIGIT IN EACH BOX

DECLARATION I accept that the organisers will not be liable for any accident, injury, loss, damage action claim or cost of expenses which may arise as a consequence of my or my group's participation in this event. I declare that I and all my group are in good health and fit to complete the Otmoor Challenge.

SIGNATURE ……