

Blythe House Hospice

Abseil Registration Form

Sunday 15th April 2018



FULL NAME			
ADDRESS			POSTCODE
EMAIL			
PHONE		MOBILE	
DATE OF BIRTH (Must be at least 10 years old by 15/04/18)		NAME OF GUARDIAN (If under 18)	
MEDICAL CONDITIONS (Please specify)			
PREFERRED START TIME BETWEEN: 10am – 12pm <input type="checkbox"/> OR 1pm – 3pm <input type="checkbox"/> Abseils will be held throughout the day between 10am – 3pm We will contact you to confirm your start time once we have received your £20 registration fee.			

ABSEIL EVENT TERMS –

By taking part in this abseil in aid of the Blythe House Hospice you are bound by the following terms and agreements:

1. To take part in this abseil, you must be at least 10 years of age. (Under 18's will need an appointed guardian to contact us and they will need to be present on the day.)
2. If you are suffering from a medical condition, disability or have any reason to doubt your fitness to participate, we advise you to consult your doctor beforehand. In addition, we request that anyone suffering from a medical condition or disability that could affect you on the day, to provide a doctor's note confirming that they are fit enough to take part in the abseil.
3. I agree to take part in this event entirely at my own risk. I agree that Blythe House Hospice, ABF The Soldiers Charity, the sponsors, the event organisers, contractors and agents shall not be liable in any way for any injury, loss, damage or death that might occur as a result in my participation in the event.
4. I aim to meet and exceed the minimum fundraising target of £75 set by the charity.
5. To make every effort to exceed the minimum target
6. Understand that my contact details will be shared between the charity and the event organiser. They will not be passed on by us to any other third party for any reason.
7. I grant Blythe House Hospice permission to use statements, video images, photographs and other likenesses of myself resulting from my participation in this event.

✓ **I confirm that I have read and agree to the terms above**

✓ **I pledge to raise the £75 sponsorship in support of my participation in this event.**

Print Name.....Signed.....Date.....

Please post this completed form along with a cheque deposit of £20 to:
Fundraising, Blythe House Hospice, Eccles Fold, Chapel-En-Le-Frith, SK23 9TJ.
Cheques should be made payable to 'Blythe House Hospice'.
Cash and card deposits can be paid in person at the main hospice reception desk.

If you need any information about the event itself or any other information please don't hesitate to contact us on 01298 815388 or email fundraising@blythehouse.co.uk.

Thank you for supporting Blythe House Hospice!