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RACE ENTRY FORM 2016

PERSONAL DETAILS

First Name:		
Surname:	•••••••••••••••	
Gender (tick appropriate box):	□ Male	E Female
Date of Birth	Age on Ra	ce Day:
Club / Area:		
Entry Type (tick appropriate box):	Runner	U Walker
Address		
Emergency Contact		
Email:		
Home Tel:	Mobil	e No:

Entry Cost: €15 Before 01/05/2016 €20 Thereafter

All cheques and Bank Drafts should be made payable to: The Emer Casey Foundation

MEDICAL ADVICE:

If you suffer from any form of medical condition mark the front of your race number with a prominent waterproof cross and list details of the condition on the back of your race number.

DECLARATION

I fully understand that I have entered this event at my own risk and that the Organisers and Sponsors will not be liable for any injury before, during or after the event. I declare that I am physically fit and waive and renounce any rights and claims for damages I may have against Partners, Organisers and Sponsors from any loss/injury as a result of my participation in this event. I understand that for safety reasons race numbers for this event should NOT be given to runners who have not signed a declaration.

I agree/do not agree to the information presented on this application form being stored on computer fax the use of organisers.

I accept that no refund can be given if the event has to be cancelled or postponed due to circumstances outside the Organisers' control.

Please send the completed form and payment to: The Emer Casey Foundation, Cill Na Sidhe, Kilcoran Road, Youghal, Co. Cork, Ireland. For more information please call 087 2838770 or 087 9854887 or email: info@emercaseyfoundation.com

PLEASE NOTE: FOR HEALTH AND SAFETY REASONS, RUNNERS MAY NOT RUN WITH DOGS OR PRAMS.

NUMBER COLLECTION

Please note that numbers may be collected at Pobalscoil Na Trionoide on Saturday May 21st from 12-2pm or on Sunday May 22nd from 11am