**Thringo Santa Fun Run**

Please indicate which race you are doing:  **5km**

**Full Name: ………………………………………………………………………..**

**Date of birth: M / F**

**Emergency contact name and number:**

**…………………………………………………………………………………………………….**

**…………………………………………………………………………………………………….**

**Please tick to give consent for photos to be used on social media:**

Please enter email address so we contact you with future event news

Please provide details of any medical conditions the organisers may need to be aware of for the named participant to take part safely.

**Declaration: I declare that I and those on whose behalf I enter are medically fit and enter at my/our own risk. The organisers will not be held responsible for any injury or illness caused to me/us during or as a result of the run or for any property lost during the event.**

**Signature: Date:**

**(Must be a parent or guardian if under 16 years)**