



## DISCLAIMER AND PERSONAL DETAILS

Please print your details clearly, complete in full and return to your Group Leader.

Full Name:

Address:

Postcode:  Phone/Mobile No.

E Mail: *Please write clearly:*

Date of Birth:  Group:

Emergency Contact: Name:

Phone no:

Do you have any health considerations or disability that we should know about?  Yes  No

If 'Yes please explain

Do you suffer from any of the following:  Diabetes  Heart Problems  Joint Problems  
 High Blood Pressure  Asthma  Back pain  Previous Injuries

Any condition requiring medication:

Other: (please detail)

### PLEASE READ THE FOLLOWING AND SIGN BELOW:

Women on the Run Group Leaders are competent leaders and are willing to share their experience and enjoyment of the sport with me. I confirm that I understand that participation in this group is entirely at my own risk and should consult my own Doctor if suffering from any condition that might make running injurious to my health.

Signed:

Date:

*Data Protection: In becoming a member of WoTR, the Club will collect certain information about you which will include your name, date of birth, email address, address, telephone number and names of the EA affiliated clubs that you are a member of. This information will be kept both on paper form and electronically for club purposes only. It will not be given to any third parties, either within the sport or otherwise for commercial purposes.*