



## Registration Form & Participant Disclaimer

*Items in Bold MUST be completed*

<b>Forename</b>		<b>Surname</b>	
<b>Date of Birth</b>		Male / Female	
Address			
<b>Post Code</b>			
E-Mail		Mobile Number	
Completion of this form indicates that you are happy for us to retain your contact details within our membership database for a period of one year			
EMERGENCY CONTACT			
<b>Name</b>		<b>Relationship</b>	
<b>Mobile Telephone</b>			
MEDICAL INFORMATION			
Do you suffer from any medical conditions which might affect your ability to participate?		No / Yes (Please indicate below)	
STATEMENT OF CONSENT - The Legal Bit			
By signing below you are acknowledging that: 1) You understand that all activities in EKPark carry a risk and in some cases this can result in serious injury and even death; 2) You agree to accept full responsibility for your actions (or those of your child if signing on their behalf) whilst using the facilities; 3) You (or your child if signing on their behalf) are physically capable of participating in all activities offered by EKPark; and 4) That you are advised to wear protective equipment at all times. <b>Any one under 16 years MUST wear a helmet.</b>			
Signed		(Please indicate position) Participant / Parent / Legal Guardian	
Print Name		Date	
Membership Number		Processed by	