

#PINKRACE Questionnaire

Name.....

Date of Birth

Address.....

.....

.....

Postcode.....

Emergency contact..... Relationship

Are you taking any medication that is prescribed or otherwise before, during or after the event:

Details:.....

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Please state any pre-existing medical conditions or injuries?

Details

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I confirm that I have the required kit list as described on the event website for entry in to my respective race distance. I understand I can be inspected at any time during the event by an event marshal or official and it is found that I don't have any of the required kit I will be disqualified immediately from the event.

I understand that I am also required to attend any race safety brief where possible.

Entry at the #Runpink event is entirely at my own risk and the event organisers cannot be liable for any loss, damage, action, claim, costs or expenses, which may arise in consequence of my participation of the event.

All information provided above is true and to the best of my knowledge:

Signed.....

Print name.....

Date.....

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