

On the day registration £45

Ride

Please complete in full

Office use only:

Rider no.

Reg. officer ID

Route: Cool ☐ Classic ☐ Champion ☐ £ paid by ☐ card ☐ cash ☐ cheque

Name (in full)

Date of birth __ / __ / __ Mobile

Address

.....

..... Postcode

Email

Next of kin

Relationship Tel no

Address

.....

..... Postcode

Terms and conditions:

Participants take part in this event at their own risk and must be satisfied that there is nothing in their medical condition which could mean there is a danger in taking part. Action Medical Research does not accept liability if anybody is injured on an event, unless it is as a result of negligence of Action Medical Research or of its agents or employees. For full terms and conditions see notice board.

We'd love to tell you about this and other Action events in future years.

If you're happy for us to contact you by email tick here ☐

If you're happy for us to contact you by telephone tick here ☐

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