



**Cotswold Way Relay - runner declaration.**

**To be completed and returned by 26th February 2020 at the latest by e mail to [hogweedcwr@gmail.com](mailto:hogweedcwr@gmail.com) or handed to a Committee Member.**

I wish to be considered for selection to the clubs CWR teams in the full knowledge and understanding of event information and rules, club ethos, team selection criteria and runner responsibilities.

Name .....

Date of birth.....

E mail address.....

Contact Tel No.....

Please advise if you are unable to run a certain leg due to a particular reason, such as family commitments, working hours etc.

I declare that I am medically fit to run and I run at my own risk. If I am injured or unable to take part for any reason I agree to inform the Team Manager(s) as soon as possible.

I agree that my e mail address and contact tel no can be shared by the Team Manager(s) with other club members selected to run the same leg as me.

The information you share on this form will be used by the Team Manager(s) to select the Hogweed Trotters teams for CWR, to notify you, the applicant, of the results of the selection process and to contact you about preparation for and participation in the CWR . If you are selected for a team, the Club will also share your full name and date of birth, but no other details, with the CWR organisers. The information you share on this form will be stored securely and destroyed within one week of the CWR 2020 event. The Club will, however, keep a record of your name and the leg you have completed to support with the administration of entries to future CWR events.

Signed ..... Date.....