



Cotswold Way Relay - runner declaration.

To be completed and returned by 12 March 2024 at the latest by e mail to hogweedcwr@gmail.com

I wish to be considered for selection to the club's 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.

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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 contact tel no can be shared by the Team Manager(s) via a WhatsApp group to include other club members selected to take part in the event.

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 .

The information you share on this form will be stored securely and destroyed within one week of the CWR 2024 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.....