

Cardiff Half Marathon 2009

Sunday 18 October

The wheelchair race will start at 8:50am and the rest of the field will start at 9:00am (timings may be subject to change)



Registration form

Please register me for the Cardiff Half Marathon 2009

Please use BLOCK CAPITALS and include payment at point of registration.

Title _____ Forename _____ Surname _____

Male Female

Address _____

Town/city _____ County _____

Postcode _____ Telephone number _____

Email _____

Mobile number (your official finishing time will be sent to this number) _____

Date of birth / / Age on race day

Predicted time to complete course

I am taking part in the wheelchair race and confirm I will be using a hand-propelled wheelchair

Where did you hear about the Cardiff Half Marathon? _____

I would like to raise funds for Barnardo's:

I would like to raise funds for another charity (please state) _____

I am not running for charity

Athletic club (if affiliated) _____ Reg no. _____

Occupation _____

Barnardo's values your support and promises to respect your privacy. The data we gather and hold is managed in accordance with the Data Protection Act 1998. We will not disclose or share personal information supplied by you with any third party organisations without your consent.

From time to time we would like to pass your details to partners related to the Cardiff Half Marathon so you can receive offers and information. If you would like to hear from these partners, please tick this box

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Entry fees

Runners affiliated to an athletic club:

£24 per person

Non affiliated runners:

£26 per person

NB No entries will be accepted after 12 noon on Friday 18 September 2009



Payment method

Please make cheques/postal orders payable to Barnardo's CHM – amount £ _____

I have also enclosed a donation to Barnardo's of £ _____ (please complete if appropriate)

Please print your name and address on the back of the cheque.

Anyone wishing to pay by credit/debit card may do so online at www.cardiffhalfmarathon.co.uk

Once you have completed this entry form, please post to:

Cardiff Half Marathon, PO Box 4129, Bath BA1 0FX

Cardiff Half Marathon Hotline: **0845 308 4001**

For further information visit: www.cardiffhalfmarathon.co.uk

Race packs containing your runner number, timing chip and event booklet will be sent to you two weeks before the event. Confirmation of acceptance will be sent to your email address.

Good Luck!

Declaration

I declare that I will be 17 years of age or over on the day of the Event and that I will abide by the rules of UK Athletics (www.uka.org.uk) and any instructions of the race organisers. I agree to abide by the terms and conditions for the Event as posted at www.cardiffhalfmarathon.co.uk/terms. I declare that I will not compete in the Cardiff Half Marathon unless I am medically fit on the day and that I compete at my own risk. I confirm that my name and television and/or video footage or photographs taken during my participation may be used to publicise the Cardiff Half Marathon or Barnardo's Events. I acknowledge and agree that my personal information (including medical information entered against my race number or collected by Event medical staff during or after the Event) can be stored and used by Barnardo's in connection with the organisation, promotion and administration of the Event and for the compilation of statistical information. I understand that, in the Event of adverse weather conditions, major incidents or threats on the day, the organisers reserve the right to stop/cancel/postpone the Event. I understand that entry fees and merchandise orders are non-refundable.

I further agree that, to the fullest extent permitted by law, neither Barnardo's nor its sponsors or suppliers will be liable for any loss, damage, illness or injury whatsoever directly or indirectly caused by or resulting from the negligence, wrongful act or default of Barnardo's, its sponsors and suppliers or their respective servants or agents or from any other cause.

I confirm that in applying to take part in the Cardiff Half Marathon 2009 I have read these terms and conditions and that I fully accept the provisions.

Name: _____

Signature: _____

Date: _____

In partnership with



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