



# Cornwall Air Ambulance



Thank you for your interest in a FREE Gold Bond Charity Place in the Plymouth Half Marathon 2016 in aid of Cornwall Air Ambulance.

Please complete all sections of this form.

Title: ..... First Name(s): .....

Surname: .....

Address: .....

.....

..... Postcode: .....

Contact Number: ..... Mobile: .....

Date of Birth: ..... Age on Race Day: .....

Email Address:.....

Occupation: .....

Emergency Contact (Name & Number).....  
(on race day)

Predicted Finish Time: ..... Hrs ..... Mins Is this Your First Half Marathon? Y / N

Reason for Running? .....

Please specify any conditions that the race medical team should be aware of:

.....  
.....

N.B. It is your responsibility to declare any serious medical conditions to the Event Organisers and to record your medical details and emergency contact details on the reverse of your race number and bring any necessary treatment with you on the day.

We would like you to provide you with a Cornwall Air Ambulance running vest to run in:

Size:  Small  Medium  Large  Extra Large  No Thanks!

If we offer you a Free Gold Bond place we ask you to raise a minimum of £200 for the charity. Please outline any specific ways you plan to raise this money.

.....

.....

.....

.....

.....

Please outline any ways in which we can support you in your fundraising (we can supply you with collection jars and promotional material including balloons, 'in aid of' posters, and sponsor forms)

.....

.....

.....

.....

.....

Are you happy for Cornwall Air Ambulance Trust to keep you updated on other events and send you our regular newsletter by email?

Yes  No

**RACE TERMS AND CONDITIONS**

Race numbers are issued to the individual completing the application and they cannot be sold or transferred. For a full copy of the event terms and conditions, please go to [www.plymouthhalfmarathon.com](http://www.plymouthhalfmarathon.com)

## DECLARATION

If I am successful in obtaining a Gold Bond place, I pledge to raise the minimum of £200 for Cornwall Air Ambulance Trust.

I declare that I will abide by the rules of UKA, I am over 17 years of age and accept that the organisers or charity will not be liable for any injury, loss, damage, action claim, costs or expenses which may arise in consequence of participation in this event. I declare that I will not compete in the race unless I am in good health on the day of the race and that, in any event, I will only compete at my own risk.

**Sign:** ..... **Print:** ..... **Date:** .....

### PLEASE NOTE

*Submission of this form does not guarantee your place. We will notify you within 2 weeks of receipt whether we have a place available.*

### PLEASE RETURN COMPLETED FORM TO:

**POST: Cornwall Air Ambulance Trust, Trevithick Downs, Newquay, Cornwall, TR8 4DY**

**EMAIL: [becky@cornwallairambulancetrust.org](mailto:becky@cornwallairambulancetrust.org)**

Please call 01637 88 99 26 if you wish to discuss your registration.