

Roman Challenge

Participants Registration Form

Name.....

Mobile number you are carrying with you today

Planning to ride Maximus Gladiator Chariot Family

Sex Male Female

DOB.....

Address.....

..... Postcode.....

Telephone number..... E-mail address.....

Can we contact you by e-mail about future Roman Challenges? YES/NO
(Your email address will not be passed on to others.)

How did you hear about the Roman Challenge?

.....

Emergency contact details:

Name..... Telephone number.....

Address:

.....

Disclaimer: I understand that the organisers cannot be held responsible for any injury or loss sustained by me arising from my participation in the Roman Challenge event. I agree to abide by the Highway Code, the Countryside Code and the event rules as displayed at the event.

Signed Date.....

If you are under 16, we need your parent or a guardian to sign below and agree to the conditions of entry on your behalf. All under 16s must be accompanied by an adult and wear a cycle helmet whilst riding.

Signed Date.....

Name of accompanying adult.....