



TITLE: _____

FIRST NAME: _____

SURNAME: _____

ADDRESS:

House No. or name: _____ Postcode: _____

MOBILE PHONE NO.: _____

EMAIL ADDRESS: _____

NEXT OF KIN: _____

NEXT OF KIN MOBILE NO.: _____

MEDICAL CONDITION WE NEED TO BE AWARE OF?

ALLERGY? _____

OTHER? _____

ANY FOOD PREFERENCES (Vegetarian / Vegan / Halal / Kosher / Gluten / Dairy)? _____

TURN OVER

KEEPING IN TOUCH

Thank you for providing your contact details for communications about your fundraising.

At the Children's Adventure Farm Trust, we would also like to keep you informed about our work, how your support has helped ensure we can provide free holidays for thousands of children each year and how you can be involved in the future. We will only communicate with you if you tell us you are happy to hear from us. If you ever want to change the way we keep in touch, please just let us know by emailing info@caft.co.uk or calling us on 01565 830 053.

I am happy to hear from the Children's Adventure Farm Trust by:

Email Post SMS Telephone

We know that your information and data needs to be kept safe, and we never give or sell any data or information to other charities or companies. For information on how we use your data see our Privacy Policy on our website.

CONDITIONS OF ENTRY— By entering this walk you agree to these rules

- **REMEMBER** it is not a race or competition. Don't exert yourself.
- **Come adequately equipped as per Kit List provided, especially...**
- **...you MUST bring a full water bottle(s) and any necessary medication with you.**
- **Please respect the local environment, fellow walkers & trail users & please take any litter home with you.**
- **NEVER walk alone - always ensure that you are with another participant.**
- **BE HONEST** and communicate if you need anything / not feeling well etc.
- **Please note that while we have consider the risks that this event entails (as per available risk assessment), and we have put a robust support plan in place, you are taking part in this event at your own risk and CAFT will not be responsible for injury, loss or damage occurred at this event.**
- **THANK YOU FOR SUPPORTING THE CHILDREN'S ADVENTURE FARM TRUST**

Your commitment

I confirm that I have read and agree to the above terms and conditions of entry.

SIGNATURE: _____ **DATE:** _____

NAME (CAPITAL LETTERS) _____