



Yorkshire Three Peaks Challenge

Thank you for your interest in taking part in St Luke's Yorkshire Three Peaks Challenge. To complete your registration, please fill out the form below. The information you provide is required to process your booking, and will be used to communicate with you about this event.



To submit the form electronically, download the PDF to your device before filling it out, saving it and returning to fundraisingevents@hospicesheffield.co.uk



Alternatively, please print this form and complete in pen, posting it to the Fundraising Team at: St Luke's Hospice, Little Common Lane, Sheffield, S11 9NE

Lead Team Member Name (if relevant):

Participant details

First Name: Surname:

Address:

..... Postcode:

Email: Telephone:

D/O/B: (dd/mm/yyyy)

St Luke's would like to contact you about our work, future fundraising events and how your donations help. Please let us know if you would like to hear from us. (tick (✓) any/all that apply)

I am happy for St Luke's to stay in touch via: Email SMS

We may also contact you by post and telephone about our work and how you can support us. To opt out, please contact us on 0114 235 7551 or email info@hospicesheffield.co.uk. We will never sell or swap your details with other organisations for them to use for their own purposes, and you can opt out of communications by contacting us at any time. If you want to know more about how we look after your data, please see the privacy notice which is available on our website.



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Medical declaration

Due to the active nature of this challenge, we are required to ask you to give details of all medical conditions, including allergies, current conditions (such as diabetes, asthma or epilepsy), any conditions of the heart or current injuries for every member of your group:

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Are you currently receiving any medical treatment and/or taking any medication?

Yes No If yes, please give details:

.....

Emergency contact

First Name: Surname:

Relationship:

Telephone: Mobile:

Disclaimer

I understand that I am taking part in an event which will require me to undertake exercise for a prolonged period. I will have, if necessary, gained advice from my GP as to whether I am physically prepared to undertake the walk. I also understand that I will only undertake the walk if I feel that I am physically able to do so. I also agree that I will follow the instructions of the marshals on the event.

Print Name: Signed:

Privacy Statement

Date:

We are required to collect your medical details and emergency details to ensure that we are able to keep you, and the other participants safe during the challenge. The information you provide on this form will be shared with 8.2, our event partner, who will be guiding the Challenge. Following the close of this event any medical and emergency contact details will be destroyed. Your personal details will always be stored securely and we will always communicate with you in the way(s) you have agreed to. Your data may also be used for analysis purposes to help us provide the best service possible. We will only allow your information to be used by suppliers working on our behalf and will only share it if required to do so by law. HMRC on occasion requires a Charity to contact its supporters regarding prior donations. In such a case we will contact you for that purpose only. For any queries please contact 0114 235 7551 or hospiceinfo@hospicesheffield.co.uk.

Kindly supported by

