



Reg Charity No. 295257



# Garden House Hospice

Invites you to join us for our sparkling 25<sup>th</sup> Anniversary

# Starlight WALK 2015

## Saturday 12<sup>th</sup> September

Leaving from North Herts Leisure Centre at 10pm

'Help us celebrate 25 years of care by making this years walk the biggest yet!

Open to Ladies & Gentlemen. Book your place now for an extra special, extra sparkly night to remember!



**To take advantage of our early bird offer book by 31<sup>st</sup> May 2015 and save £5! For more information or to register online visit [www.ghhospice.co.uk](http://www.ghhospice.co.uk) or call the Fundraising team on 01462 679540**



Find us on facebook [www.facebook.com/gardenhousehospice](http://www.facebook.com/gardenhousehospice) & follow us on Twitter @GHHospice

# Starlight Walk Registration Form - Saturday 12 September 2015

To register for this event, each walker **MUST** complete a registration form

Title:  First Name:

Last Name:  D.O.B:

Address:

Postcode:

Day Tel No:  Mobile:

Email Address:

By giving us your email address you are agreeing to us contacting you by this method.

Emergency Contact name on event day:

Emergency Contact Tel No on event day:

**Distance:** 10 Miles  6 Miles  **Walking Pace:** Fast  Medium  Slower

Signed:  Date:

Team Name:

## Terms and Conditions Starlight Walk 2015

- Minimum age for walkers is 14 years. Walkers aged between 14 and 17 years must be accompanied by a participating adult.
- All walkers **MUST** register to walk by completing an application form.
- Places are limited; all forms will be processed in the order we receive them and your place will be confirmed in writing or via email.
- The entry fee is non refundable.
- If you receive a place but for any reason are unable to take part please let the event organiser know as soon as possible. Places are not transferable.
- The Starlight Walk is not a race and walkers must not jog or run.
- All walkers must walk behind the nominated lead walkers at all times during the walk.
- Only Guide Dogs are accepted on the walk.
- On no account is alcohol to be brought to or consumed prior to the event.
- It must be acknowledged by each walker that participation in this event may be physically demanding and each walker must be aware of the nature of the event and associated medical and physical risks involved.
- Each walker agrees that he/she is physically capable of competing in the event and agrees to be solely responsible for his/her actions and the event organiser, its officers, employees, agents, affiliates, associated companies, sponsors or medical advisers are not responsible for any injury or illness that the walker may suffer as a result of his/her participation in the event (unless caused due to the negligence of the event organiser). The walker accepts that should any medical or physical condition arise prior to or on the day of the event which is likely to affect his/her ability to take part, the walker will withdraw in accordance with these Conditions; this also includes high temperature; feeling unwell; any walker deemed to be under the influence of alcohol or other substances.
- Medical advice should be sought from a General Practitioner if a walker is in any doubt about his/her ability to take part in the event or has any underlying medical condition-for example uncontrolled high blood pressure; Heart Condition; Pregnant.
- Each walker must acknowledge that this is a night time walk and the event route involves walking along public highways.
- It is recommended by the event organiser that each walker carries a torch.

**I have read, understood and agree with the Terms & Conditions listed above**

Parent/Guardian Signature (if under 18):  Date:

## Entry Fee (Please note once registered, the entry fee is non refundable)

I enclose a cheque made payable to **Garden House Hospice** for **£10** (if received before 31st May)

I enclose a cheque made payable to **Garden House Hospice** for **£15** (if received after 31st May)

Please write your name and address on the back of your cheque. Or please debit £10/£15 from my credit/debit card

Card No

Signed:

Expiry Date:     Security Code (Last 3 digits on the signature strip)

*Data Protection Act: Your support is valuable to us and we therefore store your contact details on our database so that we can keep you informed of any activities that we believe might be of interest to you. If you would not like to be added to our mailing list please tick the box. We will not share your details with other organisations.*

**Return your form to:** Fundraising Team,  
Garden House Hospice, Gillison Close,  
Letchworth Garden City, SG6 1QU

For GHH use only  
**Registration No.**