



Title and first name:			Surname:			
Address:						
County:				Postcode:		
Daytime Telephone:			Evening Telephone:			
Email:						
Age on the day of race:		Are you a member of an affiliated club? (yes or no)		Affiliated club number if applicable:		
Estimated race completion time:(in mins)		Running club /team name				

If you are planning to take part to raise money for a charity or good cause please detail here		
Are you taking part on behalf of one of the legend events charity partners?	YES	NO
If so which charity partner have you chosen?		
Or have you selected your own preferred charity or good cause, is so which one?		

Signed: _____ Date: _____



DISCLAIMER – PLEASE READ – To the extent permitted by the Unfair Contract Terms Act 1977, neither Legend Events nor its sponsors or suppliers will be liable for any loss, damage, illness or injury whatsoever directly or indirectly occasioned by or resulting from the negligence, wrongful act or default of Legend Events, its sponsors or their respective servants or agents or from any other cause, including any act of God or the physical condition of the competitor. The applicant also warrants that he or she is fit to take part in the Legend Events and will be fit to do so on the day of the event. I grant my permission to Legend Events and its sponsors, assigns and licensees to use photographs, motion pictures, recordings, data or any other record of my participation in the Legend Events for any legitimate purpose without remuneration

PLEASE ENCLOSE THE CORRECT ENTRY FEE
ENTRY FEE INCLUDING COSTUME £20
MAKE ALL CHEQUES PAYABLE TO LEGEND EVENTS

Please post all entry forms to : **Legend Events, 58 Markfield Crescent, Woolton, Liverpool L25 9PH.**

Note: Only members of affiliated athletics clubs are entitled to pay the affiliated event entry fee.

For further details please visit the event website: www.legendevents.org.uk