

Deafblind Scotland Event Registration Form

Deafblind Scotland is the only national organisation working solely with adults who have lost or are losing both sight and hearing. Your support for our work is appreciated and vitally important.

Event _____ Date _____
Name _____
Address _____
_____ Postcode _____

Age (if under 18) _____

Phone Number:
Home _____ Mobile _____

Email Address _____

The activity you have agreed to participate in has some risk to your health. The aim of this form is to ensure that you are aware of what the hazards might be and to confirm that you have received sufficient detail to enable you to make an informed decision.

Deafblind Scotland has a duty to ensure that all precautions have been taken, so far as reasonably practicable, to either eliminate or reduce the risk of injury to yourself. Please tick to confirm that:

- I am aware that the event is strenuous
- I am not aware of any medical or other reason why I should not participate.
- If you are under 18 you must be accompanied by your parent or guardian and this disclaimer must be signed by them

I enclose my non-refundable registration fee (varies per event). Please make cheques payable to 'Deafblind Scotland'. I pledge to raise the minimum amount of sponsorship required for this event.

Signed..... Date.....

Deafblind Scotland would like to hold your details so we can contact you about future fundraising and campaigning work. We promise not to give out this information to anyone else. Please tick if you do not want us to keep your details.