



**PERSONAL DETAILS & DISCLAIMER FORM**

Name:		DOB:				
Telephone:		Mobile:				
Email:		By providing this you are giving consent to receive emails				
Home Address:						
Post Code:						
Emergency Contact:						
Emergency Contact No:						
What would you like to get from Hawkinge Hurricanes?						
To Get Fitter	To Lose Weight	To Run Local Events	To Improve	For Fun	To Meet new runners	
Other:						
Are you currently involved in any other form(s) of exercise?					<b>YES</b>	<b>NO</b>
What type & how often?						
Have you run for exercise before?					<b>YES</b>	<b>NO</b>
How would you describe your own running ability?						
<b>Do you suffer with any of the following?</b>						
Diabetes	Heart Problems	Joint Problems	High Blood Pressure	Asthma	Back Pain	
Previous Injuries:						
Any condition requiring medication?						
<b>Please read the following and sign below:</b>						
<p><b>Hawkinge Hurricanes Running Club is led by UK Athletics Qualified Coaches and leaders and are willing to share their experience and enjoyment of the sport. I confirm that I understand that participation in this group is entirely at my own risk and should consult my own doctor if suffering from any condition that might make running injurious to my health or I have any underlying concerns</b></p>						
Signed:					Date:	

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