

# YOU ARE ABOUT TO ENTER

## Aintree Diabetes 10K Run – Croxteth Park

(Accurately Measured      UKA Licence applied for)

### Sunday 22 March 2009

PLEASE ENTER YOUR DETAILS

Title ..... First Name.....

Surname .....

Address .....

.....

Postcode .....Contact Number .....

Age on race day .....(min age 16 on Race Day)

Athletics Club if applicable .....

### Emergency contact details

Name .....

Contact No .....

Entry Fee    £5 (affiliated)  
                  £7 (unaffiliated)

Please make cheques payable to **Weight Matters** and return form to 'Volunteers Office' Aintree University Hospitals NHS Foundation Trust, Longmoor Lane, Liverpool L9 7AL  
Tel Contact No 0151 529 6592

**CLOSING DATE FOR ENTRIES: Monday 16 March**

### DISCLAIMER

I declare that I will be 16 years or older on 22 March 2009. I accept that I compete in the Aintree Diabetes 10k Event at my own risk and acknowledge that the event organisers cannot accept liability for any accidents, loss or damage as a consequence of my training or participation in the event itself. I confirm that I have no medical disabilities which would endanger myself or others taking part.

Signed.....

Date .....