

DUBLIN & WICKLOW MOUNTAIN RESCUE TEAM



RUNNING THIS LINE WILL SAVE LIVES

Name:	
Booking reference:	
Home Address:	
Date of birth:	
Contact Phone Number:	
Next of Kin:	
Contact Number:	
Medical Information	
Allergies:	
Medications in use:	
Medical History /Conditions that may affect your participation.	

WAIVER: I confirm that I am over 18years of age and I am participating in this event at my own risk. I realise that participating in this event is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with taking part in this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I for myself, and anyone entitled to act on my behalf, waive and release the DWMRT and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event

Signature: Date:.....

Medical conditions will be discussed with the Event Medical Director if necessary. They will otherwise remain confidential.