



ABSEIL REGISTRATION FORM

ABSEIL DATE:.....

I want to participate in the above abseil and **have paid by bank transfer my non-refundable entry fee of £50***. I understand that I take part in this event at my own risk. Abseiling is a risk activity – the risk being serious injury or death.

FIRST NAME SURNAME

ADDRESS

..... POST CODE

HOME PHONE NUMBER MOBILE PHONE NUMBER

EMAIL DATE OF BIRTH

FUNDRAISING FOR (optional)

FITNESS

You need to be reasonably fit to climb the 130 steps to the top of the lighthouse and do the abseil. If you are in any doubt about your fitness please consult a doctor, especially if you are overweight or have epilepsy, cardiovascular or respiratory disorders. If you are pregnant we can not let you abseil.

DISCLAIMER

The aim of this form is to ensure that you are aware of what the risks are and to confirm that you have received sufficient detail to enable you to make an informed decision.

By signing below I CONFIRM THAT:

- I am aware that the abseil is strenuous
- I am aware that abseiling is a risk activity and I know what the risks are – namely serious injury or death
- I am not aware of any medical or other reasons that prevent me from participating
- I absolve The Friends of Leasowe Lighthouse CIO from any responsibility for any injury incurred or damage sustained to property through participation in this event
- I give permission for the information submitted on this form to be used for the purposes of organising this and future abseils and acknowledge that this information will not be passed to any other party

Signed Date

*** Please pay by bank transfer to Unity Trust Bank, A/c Name: The Friends of Leasowe Lighthouse CIO
Sort Code: 60-83-01, A/c number: 20345376. (Please use your surname as a reference)**

Please return your completed form either by post to:
Abseil Secretary, Leasowe Lighthouse, Leasowe Common, Moreton, Wirral CH46 4TA
or
send a scanned/photographed copy by email to: abseil@leasowelighthouse.co.uk