



Friends of St Andrews Botanic Garden
Registration Form for Sponsored Events

Sponsored Event: _____

Participant Information:

First Name: _____ Last Name: _____

Age: _____

Gender: _____

Email: _____

Phone number or mobile: _____

Address: Street: _____

Town/City: _____

Postal Code: _____

Emergency Contact Details:

Contact Person: _____

Phone Number: _____

Relationship: _____

Waiver and Release:

I confirm that I am in good shape, health and condition.

I do not have any medical condition or medical history that will affect my participation in this sponsored event.

I acknowledge that this sponsored event requires physical activity and there are possible risks and danger.

I release the sponsored event organisers for any responsibility in case of an accident, illness or injury.

I release the sponsored event organisers for any responsibility in case of lost property or damage to property.

I confirm that all information in this registration form is accurate and true.

Participant's Signature: _____

Date: _____

Parent/Guardian Signature
(if participant is less than 18 years old) : _____

Date: _____

Data Protection: Your personal data will be stored securely and it will be destroyed after the sponsored event.
