**‘DO YOU HAVE WHAT IT TAKES TO RUN THE VIKING?’**

**VIKING RUN & WALK**

**Saturday 6th July 2019**

**Viking Way, Thistleton**

Race Starting Time 3:00pm

**Entry Fee - £5 per person (£17 per Team of 4 or 5)**

All children aged 6years and under must be accompanied by an adult whilst running.

**A medal for all finishers**

**Trophies for 1st male and female runners returning**

**1st Family Team Prizes Trophy**

3 runners to count (must either be 1 adult + 2 children or 2 adults + 1 child)

**1st Primary School Team Prize Trophy**

5 runners from any Year Group (Year2, 3, 4, 5 or 6)

**1st Secondary School Team Prize Trophy**

5 runners from any Year Group (Year7, 8, 9, 10 or 11)

**Prize for ‘Best Dressed Viking Runner’**

For more information email: **fotc2016@yahoo.com**

**or visit www.friendsofthistletonchurch.weebly.com**

**Photos taken at the event may be used on our website and for promotional material.**

5k Viking Run Entry Form

Please identify below a primary name for the collection of Race Numbers on the day as these will be grouped into a single envelope.

**Lead Bookers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Team Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact name & number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event details and booking confirmation will be sent via email.** Your email address will be automatically added to our mailing list to keep you informed of future Viking Runs and to ask for feedback after the event – please indicate below to opt-out of this list.

**I wish to opt out of the Friends of Thistleton Mailing list**

**Payment details**

Please return completed entry form and a cheque made payable to **Friends of Thistleton Church** and post to: Mrs H Barclay, Silverwood Farm, Main Street, Thistleton, Rutland, LE15 7RE

Thank you for completing this entry form and we look forward to seeing you on the day.

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| --- | --- | --- | --- | --- |
| Name (in block capitals) \*details of accompanying adult | Age on 6/7/19 | Name of School (if appl.) | School Year Group (eg Year 4) | Sex (m/f) |
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**Conditions of race**

1) Children aged 6 or under must be accompanied by an adult legally responsible for them, or by an adult selected by the person legally responsible for them.

2) Footwear – Football boots or waffles (cross country shoes) recommended, or trainers. **No spikes**.

3) Medical Condition – If you or the person you are legally responsible for have a medical condition or ailment which requires medication, this is your responsibility and we advise consulting your GP before entering the run.

4) All entry fees are non-refundable.

5) I/we enter this run at my/our own risk and will not hold the organisers responsible for any accident or loss, however caused.

**Please sign below to confirm that you have read and agreed to the above conditions. To be signed by the competitor or the person legally responsible for the competitor if they are under 18 years.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_