



**Conditions of Entry:**

- I consent to Rainbows contacting me via telephone, letter or email for any matter relating to my fundraising and participation in this event.
- I understand that all runners who take part in the Simplyhealth Great North Run do so at their own risk.

I have read and agree to the above conditions.

Signed: ..... Date: .....

Rainbows will only use your data to contact you with relevant information about this challenge and keep you updated to support you every step of the way

Once we have received this completed form you will be sent further information along with fundraising ideas and advice.

**PLEASE RETURN YOUR COMPLETED FORM as soon as possible**

**To: Neil Swift, Supporter Care Fundraiser, Rainbows Hospice for Children and Young People, Lark Rise, Loughborough, LE11 2HS**

**Email: [neil.swift@rainbows.co.uk](mailto:neil.swift@rainbows.co.uk)**

**Call: Neil on 01509 638 005.**

***Thank you for supporting Rainbows Hospice for Children and Young People  
Please do not hesitate to contact us for any further information.***

**PLEASE NOTE:** If you have any medical concerns that may affect your participation in this event, please consult your GP before registering.

Registered Charity Number 1014051