



Medical and Data Form

Name of Competitor:

Tally ID (Issued at registration):

Event Applicable:

Date:

Fleet:

Team Name:

Notified Medical Information

1. DATA PROTECTION

The information you provide in this form will be used to facilitate participation in the Event. It will be destroyed within 30 days of the event finishing unless required for the organisers legal obligations.

SPECIAL CATEGORY DATA (Medical data)

I confirm that I have given the Organiser the medical information listed above for the purposes of my participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organisers legal obligations.

I agree/ I do not agree (Please circle)

2. USE OF YOUR/YOUR CHILD'S IMAGE

The Organiser may arrange for images or videos to be taken of you/your child at the Event and published on the Event or Organiser's website or social media channels to promote the Event, the Organiser and its connected teams.

- By agreeing to the use of your/your child's image you confirm that there is no reason their image cannot be used.
- By agreeing to your/ your child's images being used, you agree to assign any copyright or any other right of ownership of these images to the Organiser

I agree / I do not agree (Please circle)

If you later wish to withdraw your agreement, please contact The Race Office. Please be aware that if you later decide to withdraw your agreement it will not be possible to remove your image from any printed material in circulation, or until the next edition or print of the item containing the image is released.

Name and Signature
(Signed by parent or guardian if
under 18)
Contact telephone/mobile:
