

THE INCREDIBLE ARUNDEL FESTIVAL
BATHTUB RACE

ENTRY FORM
31st July 2010

ORGANISATION:	_____
TEAM NAME:	_____
ADDRESS:	_____ _____ _____
POSTCODE:	_____
CONTACT TELEPHONE NO:	_____
CONTACT NAME:	_____

WE AGREE TO ENTER AN ACRYLIC/MEAL BATHTUB IN THE ARUN BATH RACE WITH A CREW OF 2 / 4 / 6 AND WE HAVE SIGNED THE ACKNOWLEDGEMENT OF RISK.

DELETE AS APPLICABLE: YES / NO

Please supply any supplementary details:

We have read and understood the attached rules and agree to abide by them:

Signed: _____ **Date:** _____

ACKNOWLEDGEMENT OF RISK:

I/WE HAVE READ THE RULES AND INFORMATION OF THE ARUN BATH TUB RACE. I/WE FULLY UNDERSTAND THE ACTUAL AND POTENTIAL RISKS INVOLVED IN ACTIVE WATER SPORTS, AND HEREBY DECLARE THAT I/WE SHALL NOT HOLD THE ORGANISERS RESPONSIBLE FOR ANY ACCIDENT, INJURY, LOSS OR DAMAGE CAUSED BY THIS ENTRY AND PARTICIPATION IN THE RACE.

I/WE ACKNOWLEDGE THAT SCRUTINEERING DOES NOT CONSTITUTE A SURVEY OF THE CRAFT, AND IT IS THE CREWS RESPONSIBILITY TO DECIDE WHETHER OR NOT TO START OR TO CONTINUE THE ARUN BATH TUB RACE AND TO ENSURE THE EFFICIENCY OF MY/OUR LIFE JACKET(S).

Name of Tub! _____

I declare that I am physically fit: YES/ NO

All crew members must sign and print. Please note that a signature of a parent or guardian is also required if a crew member is under 16 years of age:

PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:
PRINT NAME:	SIGNATURE:

Please enclose entry fee of £10 per tub (team) plus £5 per person.

Cheques Payable To: Martin Harvey

Please return to:

Martin Harvey, 11 Old Rectory Gardens, Felpham, Bognor Regis
West Sussex, PO22 7ER

Tel: 01243 826183

Email: martin@arundelbathrace.com