



Sheringham Carnival Waiter's Race Entry Form

Name:

Contact Tel no:

Restaurant/Café/Pub name:

Age:

Any medical conditions that the organisers should be aware of:

PLEASE READ CAREFULLY:

I understand that by entering this event:

a) I/we will not bring any claim against the organisers for damages for any loss (including any claim for personal injury) that I/we may suffer as a result of my/our participation save in the event of any claim for personal injury which is caused solely by the negligence and/or breach of duty of the organisers.

b) I/we fully indemnify the organisers of any loss is suffered by any third party (Including any claim for personal injury) as a result of my/our negligence and/or other breach of duty.

Signed:

Print Name: