Endurance –	- Signing on Inc	demnity Form	Group:		Date:_	\	Time:
its associates from lablack flag. I confi	liability for any injury o	caused to myself. I confi	otentially dangerous and I am irm that I will participate in a or drugs and do not have a m	ccordance with the ru	ules and unders	and that no refund	will be given if I receive
Team No:		Team Name:	:				
First Name	Surname	Home Addres	ss		Post Code	Telephone	Signature
Team No:		Team Name:					
First Name	Surname	Home Addres	SS		Post Code	Telephone	Signature
Event Type: 1 ½ 1	nrs, 2 hrs, 2 ½ hrs (cir	cle event) Price pe	r team: £ No of to	eams: Tota	1 :	Deposit £	Balance: £