

# ABP Southampton Mile Fun Run

## 5 May 2019 - Registration Form

Please complete this form and return it to the address below as soon as possible – places are extremely limited so it's important that you book early to avoid disappointment! Please also provide your **£5.00 registration fee** cheque (payable to 'Southampton Hospital Charity') or credit card details (see below) or by credit/debit card.

### PARTICIPANT:

Title:  First Name(s):  Surname:

Address line 1:

Address line 2:  Postcode:

Email Address:

Tel No. (Day):  Mobile:

Gender:  Date of Birth:  Company:

How did you find out about this event?

Have you taken part in this event before?  Yes  No

Have you previously fundraised for Southampton Hospital Charity?  Yes  No

If yes, please can you give further details?:

To secure a charity place, you are required to raise a minimum of **£50.00** (excl. gift aid) sponsorship. Please specify how much you plan to raise if you are given a place: £

Please give further details on how you plan to raise the above amount?

Is there a particular ward or department that you would like to fundraise for?

5. What is your main reason for supporting Southampton Hospital Charity?

- |  |   |
|--|---|
| <input type="checkbox"/> I have been or am a patient at the hospital.                                    | <input type="checkbox"/> I am a member of staff     |
| <input type="checkbox"/> I have a close friend or relative who has been or is a patient at the hospital. | <input type="checkbox"/> I enjoy fundraising        |
|  | <input type="checkbox"/> I enjoy this type of event |

Please give further details:

How did you hear about Southampton Hospital Charity?

Would you like a Charity T-Shirt or running vest for the day? If so please confirm preference and sizing below;

#### T-Shirt

- X-Small  
 Small  
 Medium  
 Large  
 X-Large

#### Running Vest

- X-Small  
 Small  
 Medium  
 Large  
 X-Large

## **DECLARATION:**

The Participant undertakes with the charity that it shall:

1. Ensure all promotional literature, tickets, receipts, advertising etc. state that it is raising money: In aid of Southampton Hospital Charity - Registered Charity No. 1051543.
2. When Managing an event (if applicable);
  - a. Create and manage the design artwork for the event, but only with prior approval from the charity.
  - b. Be responsible for the promotion, marketing, ticket sales and organisation of the event.
  - c. Pay all monies due to the charity from time to time into a separate bank account in the Participant's name and marked "Southampton Hospital Charity Account" (The charity recommends that a community bank account is opened for the event, rather than a personal account).
  - d. Be responsible for arranging own insurance cover for the event (if applicable).
  - e. Organise fundraising events efficiently and safely. Southampton Hospital Charity cannot accept any responsibility for the event nor for anyone who participates in it.
  - f. Conduct a risk assessment to ensure that proper plans are in place for the safety of participants. The Health and Safety Executive has further information ([www.hse.gov.uk](http://www.hse.gov.uk)).
  - g. Obtain a Temporary Event Licence if necessary. A Temporary Event Licence is required for all forms of entertainment e.g. sale/provision of alcohol, provision of food or drink, performance of live music, any playing of recorded music, performance of a play, indoor sporting event (a full list of licensable activities can be supplied by your local council).
  - h. Not use any of the funds raised to employ, or provide remuneration, to anyone who may be involved in the Fundraising activity.
3. Ensure that monies are counted in the presence of one other.

## **TERMINATION:**

The charity shall be entitled to terminate this agreement forthwith if:

1. The Participant fails to pay any sum due to the charity after the due date and the charity has given the Participant 30 days written notice requiring it to pay and the Participant has failed to pay in the 30 day period.
2. The Participant does anything which in the reasonable opinion of the charity brings its name, logo or reputation of the charity into disrepute.

If the charity terminates this agreement the Participant will no longer be authorised to use the charity name or logo.

## **INDEMNITY**

The Participant agrees to indemnify the charity in respect of any costs, claims, loss or liability whatsoever suffered by the charity (including reasonable legal costs and disbursements) as a result of any breach by Participant of any of the terms of this agreement.

## **GENERAL**

No amendment or addition to this agreement shall be made unless made in writing and executed by the parties.

This agreement shall be governed by the laws of England and Wales.

Neither party shall be liable for any breach of any term of this agreement that is the result of any clause beyond the reasonable control of the party in breach.

Southampton Hospital Charity does not take responsibility for any money raised through the Participant's fundraising event until it is received in the Hospitals Charity office.

**I agree to these Terms and Conditions (tick this box):**

**PAYMENT DETAILS:**

I enclose a cheque payable to 'Southampton Hospital Charity'

Please charge my  with the **£5** fee as follows:

Name (as it appears on the card):

Billing address (if different from above):

Billing Postcode:

Card number:

Valid From:  Expiry Date:

Last 3 Digits of security code (on signature slip):

**MARKETING OPT IN:**

We (Southampton Hospital Charity) would like to keep you informed of our news, activities, events and appeals. If you would like to receive these, please tick below to **OPT IN:**

- Receive via e-mail
- Receive via post
- Receive via telephone calls
- Receive via SMS
- I do not want to receive anything

Signature:  Date:

Please take a copy for your records and return to: [charity@uhs.nhs.uk](mailto:charity@uhs.nhs.uk)  
Southampton Hospital Charity, Mailpoint 135, Southampton General Hospital, Southampton, SO16 6YD