

# Kerry Camino 2019

19th - 23rd Sept

## Registration Form

NAME:

ADDRESS:

TEL/MOB:

EMAIL:

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME:

TEL/MOB:

RELATIONSHIP TO YOU:

HEALTH INSURANCE PROVIDER:

POLICY NUMBER:

HAVE YOU ANY HEALTH ISSUES WE SHOULD BE AWARE OF:

PLEASE SPECIFY ANY DIETARY REQUIREMENTS/ALLERGIES THAT YOU HAVE:

ACCOMMODATION IS PROVIDED ON A TWIN BASIS

( ) I AM HAPPY TO SHARE ( ) I REQUIRE A SINGLE ROOM\*

\*Single supplement applies

I agree to pay the trip cost of €355 - to include initial deposit of €150 - and remaining sponsorship target of €355 for Beaumont Hospital Foundation. I have read and understand the terms and conditions below.

We would like to keep in touch with you by email and/or post to send you our newsletters updating you on our work and fundraising campaigns. For data protection purposes we must have your consent to add you to our database. Please be assured that we never pass on your details to third parties.

Yes, I would like to be added to the BHF database

SIGNED:

DATE:

### TERMS AND CONDITIONS:

By signing this registration form you are agreeing to Beaumont Hospital Foundation's Booking Conditions. To take part in this challenge, each participant must pay a total of €710 - this includes a non-refundable deposit of €150, the remaining trip cost of €205 and the minimum sponsorship of €355. Dates specified above may be subject to change. All sponsorship must be forwarded to BHF by 5th September 2019. If you choose not to take up your place there will be no refund and all sponsorship money raised must be sent to BHF. If you are unable to meet the sponsorship requirements, you will forfeit your place, unless you choose to make up the balance yourself. If you withdraw in circumstances where recovery of cancellation charges is indemnified under your travel insurance, you hereby agree that you will cooperate in the recovery of these charges from the insurers and any sums recovered will be paid to BHF. If the insurance company does not recognise your claim, you will be responsible for covering any cancellation charges borne by BHF. All participants agree to provide any information required by BHF in relation to the event. All participants agree to reimburse the charity for any expenses caused due to incorrect or late information provided by the participant. All participants agree to do nothing that will bring BHF into disrepute. All participants must seek permission to use the BHF logo. All participants take part at their own risk and BHF is unable to accept liability for any loss or damage, or cancellation of the event for any reason. BHF reserves the right to decline an application.

### DISCLAIMER:

By signing this registration form, you acknowledge that Beaumont Hospital Foundation has no responsibility or liability for any loss or damage to your belongings and accept that Beaumont Hospital Foundation will not be liable for death or personal injury.