

# MUDDY MISSION

**PARKINSON'S<sup>UK</sup>**  
**CHANGE ATTITUDES.**  
**FIND A CURE.**  
**JOIN US.**

## TO BE READ AND COMPLETED BY ALL PARTICIPANTS

If you are under 18 years of age, a parent or legal guardian must countersign this document.

## PLEASE PRINT CLEARLY AND IN BLOCK CAPITALS

All fields need to be filled in correctly before you are booked in.

Title _____	First name _____
Surname _____	
Date of birth _____	Male / Female _____
Address _____	
_____	Postcode _____
Home tel. _____	Mobile tel. _____
Email _____	

## The organisers strongly advise that participants take out additional personal insurance.

- I understand the Muddy Mission is physically and mentally intense. It will require extreme exertion and may well take me beyond my endurance level.
- I confirm that I am in a fit state of health and not under the influence of alcohol or drugs.
- I understand that the Muddy Mission is not suitable for people with heart or respiratory problems.
- I understand the Muddy Mission can be dangerous and the possibility of injury to me and others exists. Skin abrasions, bruising, sprains and hypothermia are common and there exists a strong possibility of bloodletting and broken bones or worse during the event.
- I will obey the directions of all instructors, marshals, judges and management at all times before, during and after the event. As well as on the events property including traffic and parking. I understand that the owners and organisers take no responsibility for the loss theft or damage to any of my property including my vehicle.

## WAIVER AND RELEASE STATEMENT

I hereby release, remise and forever discharge from any claims whatsoever without limitations that I might have against Parkinson's UK, Action Days UK, the owners of the property on which the event is to be held and any participant in the event who might injure me. I make this release on behalf of myself, any group in my charge, my heirs, executors, assigns and administrators.

**I fully understand the risks involved with this event and participate entirely at my own risk.**

Parent/Guardian Full name _____	
Home tel. _____	Mobile tel. _____
Parent/Guardian signature _____	Date: _____

Please return this form by email to [events@parkinsons.org.uk](mailto:events@parkinsons.org.uk) or through the post to: Events team, Parkinson's UK, 215 Vauxhall Bridge Road, London, SW1V 1EJ.

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