



## Static Cycle Registration Form

Team Name:	Team Leader:
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Team members	
1.	
2.	
3.	
4.	
5.	
6.	

*Please note: If you think that you might be suffering from any medical conditions that might hinder your participation, we recommend that you seek advice from your G.P. prior to the event. JCR cannot be liable for any medical issues or injuries sustained as a result of taking part in this event.*

Thank you for taking part in this event, we are truly very grateful for all the help we get with raising awareness for our charity.