**Chain of Hope 15-Minute Challenge Sign-up Form**

Thank you so much for signing up to take part in the Chain of Hope 15-Minute Challenge event, which starts on Tuesday 1st September and ends on Sunday 29th September, coinciding with World Heart Day. Please fill out the below form in order to register your interest and receive your digital and physical materials. Our aim is for our fundraisers to collectively raise £15,000 for Chain of Hope, so please do share your donation link with as many family, friends and colleagues as possible.

**About you**

|  |  |
| --- | --- |
| Full name(Title, first name, surname) |   |
| Date of birth |   |
| Address(Including postcode) |   |
| Contact number |   |
| Email address |   |
| Organisation and job title |  |
| Social media handle/s |  |
| T-shirt size XS/S/M/L/XL (to wear during your daily activity) |  |

**Fundraising**

|  |
| --- |
| How did you hear about Chain of Hope? |
|   |
| What has motivated you to take part in Chain of Hope’s 15-Minute Challenge?  |
|  |
| How do you plan to fundraise for this challenge? How much are you hoping to raise? |
|   |
| Does your company offer match funding? Would they be interested in getting more involved with Chain of Hope? |
|   |
| Have you ever undertaken this kind of fundraising challenge before, if so, please give details: |
|   |

**Terms and Conditions**

We ask that you treat all communications from Chain of Hope as important, and respond within reasonable time frames.

Please inform Chain of Hope of any injuries or any other reason you would be unable to take part in the challenge as soon as you know.

**Declaration**

I, (name of participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pledge to raise funds for Chain of Hope through gaining sponsorship and completing the Chain of Hope 15-Minute Challenge from 1st September – 29th September 2024.

For any offline donations or pledges - I will have all donations collected and returned to Chain of Hope by the end of October 2024.

I agree to photography/video recordings of me being taken for use in publications and the media to promote the work of Chain of Hope.

I am voluntarily participating in the 15-Minute Challenge and take full responsibility for my training and for my health and safety before, during and after the event.

I fully accept that Chain of Hope is not liable for any damage to my person or to others as a result of my participation in this event.

I have read and understood the terms and conditions above and would like to register my interest to take part in Chain of Hope’s 15-Minute Challenge in September 2024.

Signed by:

Date:

**Please return by completing and sending to** **tash@chainofhope.org**