

**The International GP14 Class Association Training Weekend**

**Appendix 1**

**MEDICAL INFORMATION AND IMPAIRMENTS**

**Completion of this form is voluntary**

**NAME OF PARTICIPANT .....**

If you declared that you have a medical condition or physical or mental impairment on the entry form that the organiser needs to be aware of (if you ticked yes you will be required to fill in this form with details and bring a printed copy to the event).

**SPECIAL CATEGORY DATA**

I confirm that I have given the Organiser the medical information listed on this page (if any) for the purposes of my participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the Organisers legal obligations.

I agree/ I do not agree (Please circle)

**Signed .....**