

REGISTRATION FORM

		TEMP NO				
SURNAME						
FIRST NAME						
PROVINCE				LIC No 2023		
DATE OF BIRTH	D	D	M	M	YYYY	AGE
MALE						
FEMALE				WALKER		
CLUB						
ADDRESS						
CELL NUMBER						
ID / BC / PP / DL No.						
EMAIL ADDRESS						
EMERGENCY CONTACT						
PARTICIPATION AGE CATEGORY: JUNIOR / OPEN / 40 – 49 / 50 - 59 / 60-69 / 70+ (WALK)						
Participation Fee	R10.00					

DISCLAIMER:

By entering this event I undertake to be bound by the rules and regulations of the event including those of WA and ASA. I warrant that I am in good health and aware of the risks and dangers of physical nature of this sporting event, and do not claim ignorance of these risks and dangers. I hereby accept that I participate in the event entirely at my own risk and I release and discharge, to the fullest extent allowed in law, the organizers of the event, all sponsors, persons and organizations assisting in the staging of the event, provincial and national athletics bodies and all local authorities from any responsibility, liability or costs relating to any injury, loss or damage of whatever nature, however caused, arising directly or indirectly from my participation in the event including pre- and post-race activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity;

Minor Release: and I the minor’s parent and/or legal guardian, understand the nature of athletic activities and the minor’s experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity and I enter into this Indemnity/waiver on behalf of the minor.

Printed name of participant (parent/guardian in the case of a minor).....

Phone:.....

Signature:.....

Date:.....