

# PORT WAIKATO CHALLENGE

2018

## REGISTRATION FORM

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ ☐

Tick if you do not wish to be contacted for future competitions

Female ☐ Male ☐

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

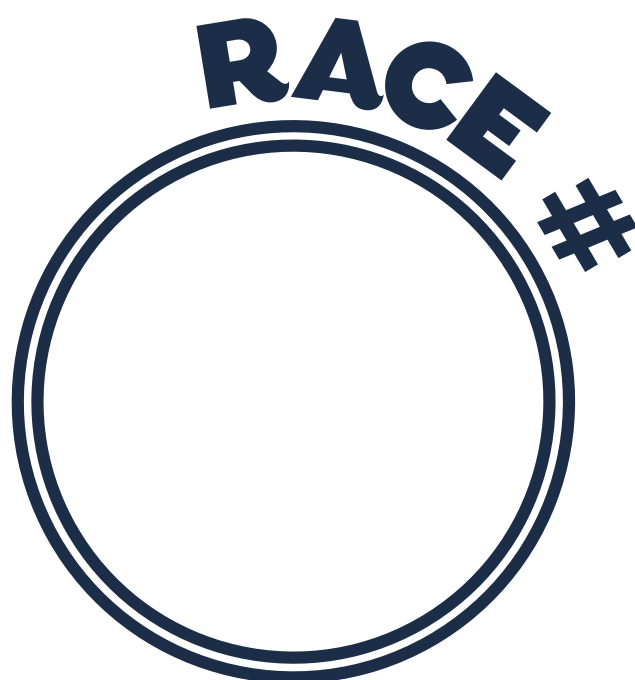
Age group:

0 - 12	13 - 18	19 - 30
31 - 40	41 - 50	51 - 60
61 - 70	71+	

Entering:

**8km**

**16km**



## Hazard Warning and Disclaimer

1. I agree to pay the entry donation as the organiser requires for this event. I accept that this may be non-refundable and non-transferable, at the discretion of the event organiser.
2. I agree to comply with all the rules, regulations and instructions of the Port Waikato Challenge, it's organisers, officials and marshals. I give permission for the free use of my name, voice and photographs in any broadcast, promotion or other account of the event.
3. I am aware that this is an off-road run, with the running surface being on sand. I am aware that there are places where I will need to take care with footing, and I acknowledge it is my responsibility to do so.
4. I am aware that the course will include privately owned land and public reserves. I am aware that there are sensitive ecosystems and wildlife along or near the course. I agree to follow the marked course and to immediately return to the course if directed by a marshall.
5. I accept full responsibility for any injury or accident, which may occur while traveling to and from the event, during the event, or while I am on the premises of the event. I am also aware of and accept responsibility for all risks associated with participating in this event.
6. I, for myself, my heirs, my next of kin, successors, assigns and executors, hereby waive, release and forever discharge the event organisers, directors, officials, marshals, sponsors, promoters, and each of their heirs, next of kin, successors, assigns, executors, agents, representatives, and all other persons associated with the event, for all my liabilities, claims, actions, legal fees, or damages that I may have against them arising out of or in any way connected with my participation in the event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.
7. I understand that if I have any existing or recurring medical condition/s, if I have any allergies or if I am on any medication, I must provide details in/ with the entry form. I consent to receive any medical attention that may be advisable in the event or illness or injury suffered by me during the event.

I have read and understood the above mentioned terms and conditions. ☐

Please Print Name & Surname \_\_\_\_\_

Sign

Date

Emergency Contact Number \_\_\_\_\_

**\*EMAIL COMPLETED REGISTRATION FORM BACK BY 14TH NOVEMBER 2018:  
PORT WAIKATO CHALLENGE: portwaikatochallenge@gmail.com**

*Pre Registration details below:*

**\*DEPOSIT PAYMENT OF \$30 PER ADULT - Add name to deposits please  
OR 0 - 12 YEARS \$5 / 13-18 YEARS \$10 / FAMILY 2 ADULTS UP TO 4 CHILDREN \$60  
GROUP DISCOUNT 4 FOR \$100  
- PLEASE NOTE ONE PERSON PER REGISTRATION  
PAYABLE TO Port Waikato Volunteer Fire Brigade Fundraising Account  
BNZ Pukekohe 02 0404 0064764 01 - PLEASE REFERENCE NAME**