

**Kalahari Augrabies Extreme Marathon  
Registration Form 2014**

COMPLETE FORM IN BLOCK LETTERS, EMAIL TO [nadia@extrememarathons.com](mailto:nadia@extrememarathons.com) OR FAX TO +27 (0)86 609 7755

**General information**

First name:		Surname:	
Date of birth:	Age:	ID / Passport number:	
<b><i>NB: Send a copy of your passport or South African ID document with your registration form.</i></b>			
Postal address:			
Telephone numbers (incl. country code)		Mobile:	
Work:		Home:	
Email:			
<b>For South African participants</b> <i>(it is compulsory to have medical cover which includes taking part in KAEM)</i>			
Medical aid name and number:			
Medical aid telephone number:			
Main member:		Telephone number:	
<b>For International participants</b> <i>(it is compulsory to have medical cover which includes taking part in KAEM)</i>			
Travel insurance name and number:			
Travel insurance telephone number:			
<b>In event of an emergency</b>			
Name:		Telephone number:	
Email:			

Packages	Price in ZAR	Tick req. package
Package 1	17,900	
Package 2	23,000	

**Please tick the following:**

<input type="checkbox"/>	I acknowledge that I am aware that the Kalahari Augrabies Extreme Marathon is an extreme and accordingly a potentially dangerous activity. Although stringent safety measures will be in place, the risk of personal accident or injury cannot be completely excluded. I confirm that I am physically and mentally well and fit and am able to participate in exercise of this nature without undue risk to my health.
<input type="checkbox"/>	I hereby undertake and agree to indemnify and hold harmless all land owners, Augrabies Extreme Marathon cc, its' employees, volunteer helpers, sponsors and agents against any liability and against any/all proceedings, claims, damages, interest, costs, and/or expenses which may result from any accident or injury to myself or my belongings.
<input type="checkbox"/>	I grant my permission to use my name, race information and photographs, video tapes, broadcasts and telecasts in which I may appear, free of charge.
<input type="checkbox"/>	I confirm having read and fully understood the Rules and accepted the "Terms and Conditions" of this contract as more fully set out in "Conditions of Contract".
<input type="checkbox"/>	I consent to undergoing a pre-race medical examination* and to having a tetanus vaccination as a condition of entry. I understand that a failure or refusal to do so will disqualify me from participation in the Kalahari Augrabies Extreme Marathon.
<input type="checkbox"/>	I confirm that I am aware that a refusal to cooperate with the reasonable instructions of the race doctor or medical personnel to accept medical intervention or to retire from the race will result in my immediate disqualification and will relieve the organizers of any/all responsibility for my wellbeing.

\* Medical forms to be completed by your doctor will be available from 01 August 2014.  
The medical form must be emailed or faxed to the organizers by 15 September 2014.

Signature of competitor:	
Signature of parent / legal guardian if under 21:	
Date:	Place:

<b>NAME:</b>				
<b>Information</b>				
T-shirt size:				
Allergies:				
Meal requirements (e.g. vegetarian):				
Name & surname for finishers trophy (if different from that on registration form):				
Where did you hear about the Kalahari Augrabies Extreme Marathon?				
Television	Web	Magazine	Exhibition	Other:

**For our website (please attach a photo of yourself)**

Age:	
Nationality:	
Residence:	
Occupation:	
Hobbies:	
Fastest Marathon Time/When:	
How many years running:	
Most interesting races:	
Charity:	
Why KAEM:	
Number of KAEMs (excl. 2014)	

**\*\*\* PLEASE REMEMBER TO ATTACH A PHOTO OF YOURSELF \*\*\***

**Bank Account Details for Augrabies Extreme Marathon**

**For payment made within South Africa:**

Account Name: Augrabies Extreme Marathon cc  
 Bank: First National Bank  
 Branch: Mossel Bay  
 Branch Code: 21 03 14  
 Account No: 622 361 093 29

**Additional information for payment made outside South Africa:**

Swift address: FIRNZAJJ308