

**Addo Elephant Trail Run
Registration Form 2013**

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

General information

First name:	Surname:	
Male / Female:	Date of birth:	Age:
ID/Passport Number:	Nationality:	
Postal address:		
Telephone numbers (incl. country code)	Mobile:	
Work:	Home:	
Email:		
T-shirt size:	Allergies:	

South African Participants

Medical Aid and No:	
Main Member:	Medical Aid Tel. No.:

International Participants

Travel Insurance Details:

In event of an emergency

Name:	Name:			
Email:				
Where did you hear about the Addo Elephant Trail Run?				
Television	Web	Magazine	Exhibition	Other:

Event	Price in ZAR	Tick req. event
77 km	580.00	
44 km	450.00	

Payment Due with Entry Form

- The Participant's Price is fully inclusive of all the items laid out in the Itinerary and the Addo Elephant Trail Run Rules.
- The prices DO NOT include travel to and from the start, meals or accommodation.
- Entries close on 01 February 2013 or first 300 entries. Pre-entry only. No entry will be accepted at the start.

In the event of cancellation:

- Before 01 February 2013 – R100.00 Cancellation Fee
- After 01 February 2013 - 100% of event price (see cancellation clause under conditions of contract)

Method of Payment (Contact Nadia on nadia@extrememarathons.com for Bank Details)

- Internet Transfer
- Bank Deposit (Add on R30 for Cash Deposit)

Please tick the following:

<input type="checkbox"/>	I acknowledge that I am aware that the Addo Elephant Trail Run 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"/>	If my Medical Aid/Travel Insurance does not cover me for this type of event, I fully accept that ALL evacuation/hospitalization/medical costs will be for my own expense as laid out in the Conditions of Contract.
<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.
<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".

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