

Kalahari Augrabies Extreme Marathon
 **South Africa – Registration Form 2011**

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

General information

First name:		Surname:		
Date of birth:	Age:	ID / Passport number:		
Postal address:				
Telephone numbers (incl. country code)		Mobile:		
Work:		Home:		
Email:				
T-shirt size:		Allergies:		
Meal requirements (e.g. vegetarian)				
Medial aid and number:				
Main member:		Telephone number:		
Medical aid telephone number:				
In event of an emergency				
Name:		Telephone number:		
Email:				
Where did you hear about the Kalahari Augrabies Extreme Marathon?				
Television	Web	Magazine	Exhibition	Other:

Package (description of the various packages listed on website)

	Price in ZAR	Tick req. package
Package 1	14,450	
Package 2	16,400	
Package 3	17,600	

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 can be printed from the website or emails as a word document.

The medical form must be emailed or faxed to the organizers by 1 September 2011.

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