

12TH ANNUAL PUSH/WALKATHON

Saturday June 3rd, 2023 at 6.30am



Individual Registration Form

Deadline for early registration is May 20th, 2023

NON REFUNDABLE AND NON TRANSFERRABLE

Fee must accompany each form (limit one per person)

Sandilands Rehabilitation Center

Pre Registration \$15.00 pp

On June 3rd, 2023 \$20.00 pp

NAME/TEAM REPRESENTATIVE NAME: _____

ADDRESS: _____

TELEPHONE (HOME). _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

AGE: _____ DOB: DD/MM YY) _____

EMERGENCY CONTACT: _____ Sex: ☐ M ☐ F

MODE OF PARTICIPATION (PLEASE TICK ONE):

WHEELCHAIR ☐ WALKING ☐ RUNNER ☐ PUSHING WHEELCHAIR ☐

T-SHIRT SIZE (PLEASE TICK): ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL Other, specify size

Group Challenge Registration: (10) or more person in group. Complete group challenge form on the other side)

☐ CASH ☐ CHEQUE

Mode of Payment.

(Sandilands Rehabilitation Center Mon - Fri 8am - 2pm)

WAIVER REQUIRED:

I understand that participating in this event is potentially hazardous and I should not enter unless I am physically able and medically stable. I hereby assume full responsibility for the risk of any injury or accident, recognising the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks I, for myself, my heirs and my executors, hereby release and forever discharge the Public Hospitals Authority, Sandilands Rehabilitation Centre and Geriatric Hospital, the Geriatric Pushathon Committee and each of their employee, agents, affiliates, members, volunteers, sponsors and representatives from all liabilities, claims, actions or damages against them arising out of or in any way connected with my participation in the event. I grant permission to use my name, photographs, videotapes, motion pictures, and other media of any kind or any record of the event for any legitimate purpose including promotional efforts of any kind without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferrable.

I HAVE READ THE FOREGOING, UNDERSTAND IT'S CONTENTS AND INTENTIONALLY
AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

Participant / Team Rep signature _____ Date: _____

Name: _____ Donation \$ _____

Received by: _____ Date: _____

12TH ANNUAL PUSH/WALKATHON

Saturday June 3rd, 2023 at 6.30am



Group Challenge Registration Form

Ten (10) or More Persons

NON REFUNDABLE AND NON TRANSFERRABLE

Challenge Leader MUST complete form for entry group

Deadling for Pre Resgistrations is May 20th, 2023

Sandilands Rehabilitation Center

Pre Registration \$15.00 pp

On June 3rd, 2023 \$20.00 pp

GROUP NAME/TEAM REPRESENTATIVE NAME: _____

GROUP / LEADERS ADDRESS: _____

TELEPHONE (HOME). _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

MODE OF PARTICIPATION (PLEASE TICK ONE):

WHEELCHAIR ☐ WALKING ☐ RUNNER ☐ PUSHING WHEELCHAIR ☐

PARTICIPANTS NAME	MODE OF PARTICIPATION	T SHIRT SIZE	PAID	Emergency Contact (Name and Number)

WAIVER REQUIRED:

I understand that participating in this event is potentially hazardous and I should not enter unless I am physically able and medically stable. I hereby assume full responsibility for the risk of any injury or accident, recognising the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks I, for myself, my heirs and my executors, hereby release and forever discharge the Public Hospitals Authority, Sandilands Rehabilitation Centre and Geriatric Hospital, the Geriatric Pushathon Committee and each of their employee, agents, affiliates, members, volunteers, sponsors and representatives from all liabilities, claims, actions or damages against them arising out of or in any way connected with my participation in the event. I grant permission to use my name, photographs, videotapes, motion pictures, and other media of any kind or any record of the event for any legitimate purpose including promotional efforts of any kind without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferrable.

I HAVE READ THE FOREGOING, UNDERSTAND IT'S CONTENTS AND INTENTIONALLY
AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

Mode of Participation:

☐ CASH ☐ CHEQUE (Sandilands Rehabilitation Center Mon - Fri 8am - 2pm)

Please make cheques payable to Sandilands Rehabilitation Center, Pushathon Committee

Participant / Team Rep signature _____ Date: _____

Name: _____ Donation \$ _____

Received by: _____ Date: _____