

13TH ANNUAL PUSH/WALKATHON

Saturday June 15th, 2023 at 6:30 am



Individual Registration Form

Pre Registration \$20.00 pp On June
15th, 2024 \$25.00 pp.
Seniors (60 and over) \$15.00 pp

Deadline for early registration is May 20th, 2024
NON REFUNDABLE AND NON TRANSFERRABLE
Fee must accompany each form (limit one per person)

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)

Mode of Payment.

CASH CHEQUE (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 Pushaton 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 it 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: _____

13TH ANNUAL PUSH/WALKATHON

Saturday June 15th, 2024 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, 2024

GROUP NAME/TEAM REPRESENTATIVE NAME: _____

GROUP / LEADERS ADDRESS: _____

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

EMAIL ADDRESS: _____

Pre Registration \$20.00 pp On June
15th, 2024 \$25.00 pp
Seniors (60 & over) \$15.00 pp

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 REOUIRED:

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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: _____