

Nelson Mandela Remembrance Walk Registration Form - 5km Walk

EMERGENCY INFORMATION COMPULSORY

PERSONAL INFORMATION

Surname: _____ First Name: _____
Club: _____ Disability: Yes No Type of Disability: _____
Province: _____
Bate of Birth: _____
ID No: _____ Gender: M _____ F _____
Please circle relevant category
Age on walk day: _____ Category: (Open), (40 -49), (50 -59), (60-69), (70+)
Postal Address:

Contact No's: Home/Work: (_____) _____
Cell No: _____ Fax: _____
Email: _____
Name of next of kin (in case of emergency) _____
Relationship: _____
Contact numbers of next of kin on WALK DAY: _____
Are you a member of a Medical Aid? Yes No
If yes, please indicate Medical Aid name: _____
Medical Aid membership number: _____

Waiver

I warrant that all information supplied by me is true and correct and i, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages i may have against the walk, and sponsors and their representatives, successors and assigns for any and all injusries suffered by me in said event. I attest that i will participate in this event as a walk, that i am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeliness, as wellas any photographs and any record of this event in which i may appear for any legitimate purpose, including advertising and promotion.

Sign: _____
Date: _____

ENTRIES

To enter, registration forms can be collected, completed and dropped at Gauteng Department of Sport, Arts, Culture and Recreation, 35 Rissik Street, Johannesburg, ground floor reception area or can be dowloaded from www.sacr.gpg.gov.za or www.gautengonline.gov.za and submitted on email at sacr.communications@gauteng.gov.za

Closing date for all entries is Monday, 08 December 2014