



Entry Form

www.indunaadventures.com

info@indunaadventures.com

Venue Induna Adventures Centre

Town Hazyview

Date 20-Apr-13

OFFICIAL	Race No
	Cat Code

First Name

CSA Member No:

Surname

ID No - - **Gender** M / F **Age on 31st Dec**

Prov **Post Code** **Cell** []

Email

Emergency Contact Person >> **& Tel** []

Your Med Aid Provider >> **& Member No:**

Please **CIRCLE** your category code below - **Entry Fee R80pp**

Category	Ages	Female	Male
Nipper	<10	<input type="checkbox"/> NF	<input type="checkbox"/> NM
Sprog	11-12	<input type="checkbox"/> SG	<input type="checkbox"/> SB
Sub Junior	13-14	<input type="checkbox"/> JG	<input type="checkbox"/> JB
Youth	15-16	<input type="checkbox"/> YW	<input type="checkbox"/> YM
Junior	17-18	<input type="checkbox"/> JW	<input type="checkbox"/> JM

Category	Ages	Female	Male
Under 23	19-22	<input type="checkbox"/> UW	<input type="checkbox"/> UM
Senior	23-29	<input type="checkbox"/> SW	<input type="checkbox"/> SM
Sub Veteran	30-39	<input type="checkbox"/> SXL	<input type="checkbox"/> SVL
Veteran	40-49	<input type="checkbox"/> VWL	<input type="checkbox"/> VML
Master	50-59	<input type="checkbox"/> MWL	<input type="checkbox"/> MML

Indemnity and waiver: I agree to participate entirely at my own risk. I agree that I shall have no claim whatsoever against the organizing bodies, land owners, any individual organizer or official, marshal, assistant, helper or agent, the sponsors or any local authority or their employees, in respect of any loss or damage whatsoever which I may suffer arising from any injury to my person or loss or damage to property as a result of, or a rising out of whether directly or indirectly, my participation in this event, including my arrival and departure there from and attendance at any ceremony or function thereof, however such loss or damage may arise and regardless of whether or not same have caused directly or indirectly by negligence albeit gross, of one or more of all of the aforementioned parties. I also accept that: The organizers shall accept no responsibility or liability for any injury, howsoever caused, to any person while on the premises or while utilizing the facilities thereon, as well as in respect of any loss or damage to property, howsoever caused, suffered by any person while on the premises or while utilizing the facilities thereon. The wearing of helmets is compulsory.

.....
Signed: Participant

.....
Signed: Guardian [if under 18]

.....
Date

<p>Pre-Entries</p> <p>www.indunaadventures.co.za Faxed 086 676 6031</p> <p>Registration at Induna Fri 19 April 2013 Saturday 20 April 2013</p>	<p>Race & Route Enquiries</p> <p>Tel 082 429 0679 Jaco Email jaco@indunaadventures.com</p> <p>Registration Enquiries Tel 013 737 8308 Office Email info@indunaadventures.com</p>	<p>Payments to</p> <p>Name: Induna Events Bank: ABSA Code: 632 005 Acc No: 4074514229 Fax proof to 086 676 6031</p>	<p>Amounts Payable</p> <p>Lap Race <input style="width: 60px; height: 20px;" type="text"/> R80pp <input style="width: 60px; height: 20px;" type="text"/></p> <p>Total R <input style="width: 60px; height: 20px;" type="text"/> -</p>
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