



ENTRY FORM

SUNDAY 18 February 2018

THIS FORM IS FOR ATHLETES ONLY, NOT FOR HELPERS.

MEDICAL AND PERSONAL INFORMATION

SURNAME																				
FIRST NAMES																				
ID NUMBER																				

POSTAL ADDRESS																					
TOWN											PROVINCE										
POSTAL CODE											ETHNIC	F O R S T A T S									
EMAIL ADDRESS																					
GROUP/SPORT CLUB																					

MEDICAL AID or NO MEDICAL AID

MEDICAL AID NAME MEDICAL AID NO.

EMERGENCY CONTACT PERSON

TEL: ALLERGIES:

RULES

- The race is subject to the rules of ASA / ASWDRRA / IPC / IAAF / ISMWSF / IWAS.
- Marshalls, traffic officers and officials must be obeyed at all times. Seconding will be allowed.
- No cyclists or private vehicles will be allowed on the routes.
- All the athletes must wear temporary licences.
- No advertising, only sponsor's logo will be worn. Permission must be obtained to wear private sponsor's logos.
- Age restriction:
Racing Wheelchairs 21.1km and 42.2km - 16 years.
Handcycles 21.1km and 42.2km - 15 years.
- The entry fee will not be returned unless the organisers reject the entry.
- ONLY ONE HELPER PER CHAIR permitted in the Fun Event. Helpers are not permitted to run with chairs.
- Cut-off time: 3 hours.
- Athletes in 42.2, 21.1 & 10km MUST wear crash helmets.**

INDEMNITY AND WAIVER

Participants in the Outeniqua Wheelchair Challenge and related activities ("the Event") acknowledge that although all precautions have been taken by the organising body, there might be dangers inherent in participation in the event. Participants voluntarily assume such risks and waive all claims of whatsoever nature and howsoever arising in relation to the event against any parties, including but not limited to the organising body, sponsors, advertisers, local authorities, directors, employees and suppliers of these parties and any individual, official marshal or agent ("the Parties"). Participants irrevocably indemnify the Parties against any liability and claims of any nature whatsoever and howsoever arising (whether directly or indirectly, whether from negligence, albeit gross and/or from involvement in or passage to or from the Event) including but not limited to liability for delay, inconvenience, accident, death, injury, illness to their person, or loss or damage to property or costs and expenses sustained, incurred or put to by Participants and/or by any minor children under the care or control of Participants. Parents or guardians authorising a minor's participation in the Event hereby agree to such a minor being bound to the foregoing and further indemnify the parties to the extent, if any, to which such minor is not capable of waiving his/her rights as stipulated above. I hereby acknowledge that I have read and fully understand, and agree to the above-mentioned indemnity and waiver.

Signature Participant (Parent/Guardian if under age)

Date

Complete both pages and send to:

dyndev@mweb.co.za

WHICH RACE ARE YOU ENTERING? PLEASE CHOOSE ONLY ONE RACE!

ONLY COMPLETED BY 42, km 21km and 10km ATHLETES

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SENIOR	<input type="checkbox"/> JUNIOR
<input type="checkbox"/> PARAPLEGIC	<input type="checkbox"/> QUADRIPLÉGIC	<input type="checkbox"/> CEREBRAL PALSY	
<input type="checkbox"/> RACING CHAIR	<input type="checkbox"/> HAND CYCLE	<input type="checkbox"/> ORDINARY CHAIR	<input type="checkbox"/> BASKETBALL CHAIR
<input type="checkbox"/> 42.2 km (R100)	<input type="checkbox"/> T51 / T52	<input type="checkbox"/> T53 / T54	
<input type="checkbox"/> 21.1 km (R80)	<input type="checkbox"/> T51 / T52	<input type="checkbox"/> T53 / T54	
<input type="checkbox"/> 10 km (R60)			

COMPUTER No:

FUN EVENT (R50) **NB: NO BORROWED WHEELCHAIRS AVAILABLE**

ARE YOU BRINGING SOMEONE TO PUSH YOU

XS S M L XL XXL XXXL

PRESENTING OF ID DOCUMENT COMPULSORY AT REGISTRATION

• ONLINE ENTRIES AT WWW.GEORGECC.CO.ZA

BANKING DETAILS

DEPOSIT / INTERNET BANKING:

Account Name: DISABLED ROAD RACE FOUNDATION
 Branch: Nedbank George
 Account Number: 2506031006
 Branch Code: 150605 / 109114
 Account Type: Savings Account
Please fax deposit slip directly to: +27 (0)86 679 1603 Attention: Alewijn
 or Email: dyndev@mweb.co.za