



6 Week Challenge- Registration Form

Name: _____

DOB: _____ Contact Number: _____

Email: _____

Town Representing: _____

Name of Team (If entering as part of a team):

Method of Recording Steps/ kms

Free Pedometer please I'll sign up to Strava

(Please ask for instructions to sign up to Strava.com for free)

What is your personal challenge? (Reason for entering)

Shirt: Quantity (\$35 ea)_____.

Ladies

6 8 10 12 14 16 18

Men's

S M L XL 2XL 3XL

(Please circle all sizes required- see sizing chart if required)

\$15 Registration

\$35 x_____Shirts

\$ _____ Optional donation to RFDS

\$ _____ **TOTAL**

Method of payment (circle):

Cash

EFT Transfer (NAB)

Melissa J Tinker

BSB: 086 852

Acc: 2501 24460

Ref: RFDS (YOURNAME)

PLEASE INCLUDE SIGNED WAIVER WITH ALL REGISTRATIONS



6 Week Challenge

CONDITIONS OF ENTRY

Each participant **MUST SIGN** the registration form to participate in Earl ST Physiotherapy 6 Week Challenge as acknowledgement that they accept the waiver outlined below.

WAIVER

For consideration of participating in the Earl St Physiotherapy 6 week challenge to be held beginning the 4th November 2019 and ending the 15th December 2019, I _____ waive and release Earl St Physiotherapy, its Director, employees, volunteers, sponsors and participants from any and all claims, liabilities, or causes of action arising out of an injury to me (or any child) and from any and all claims, liabilities, or causes of action from my child (or my child's) participation or attendance in this event.

I FURTHER VERIFY THAT I AM IN PROPER PHYSICAL AND MENTAL CONDITION TO PARTICIPATE IN THE CHALLENGE AND ACKNOWLEDGE THAT I AM AWARE OF THE RISKS INVOLVED AND VOLUNTARILY AGREE TO ASSUME THOSE RISKS.

Name:

Signature:

Date:

Photographic release

I hereby grant full permission to Earl St Physiotherapy to use, reuse, reproduce or republish any photographs, videos or any other record of my participation in this event.

Name:

Signature:

PLEASE INCLUDE SIGNED WAIVER WITH ALL REGISTRATIONS