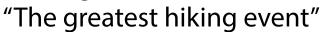
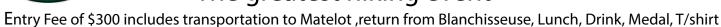


HIKEATHON 2019

10TH ANNIVERSARY 2010-2019

Registration Form





•			
First Name :	La	ast Name : ————	
Address :			
Gender: Male 🔲 Fem	ale 🔲 Date o	of Birth D/M/Y	
T/Shirt size : XS S S] м 🗆 ь 🗆 х	KL ☐ Meal : Chicken☐] Fish □ Veg □
Nationality	Club /0	Organization :	
Emergemcy Contact Na	me:	Phone	÷
Waiver and Disclaimer I have read, have it explained and fully understand that: The activities undertaken at the Hikeathon are physically and mentally challenging. Due to surface hazards along the run /hike course, weather conditions and water obstacles. There is a risk of serious injury with my participation in activities at the Hikeathon and although steps have been taken to minimize these risk they cannot be completely eliminated. Participitation of the Hikeathon is entirely at my own risk. I am responsible for my own preparedness and well being I hereby confirm that: I am 18 years of age or older and that I will comply with all instructions given to me by the Club, hike-leaders and organisers. I am sufficiently fit and healthy to safely participate in the Hikeathon and do not suffer from any medical condition which would adversely affect my ability to safely participate in all activities at the Hikeathon. Release and Agreement: By signing this form, I hereby acknowledge and accept that the organisers of Island Hikers / Fitness Walkers, sponsors, hike-leaders, volunteers shall not be liable to me for any loss or damage arising from my participation in the activities at the Hikeathon , including indirect or consequential loss or damages. I have read and fully understand all the terms of this disclaimer.			
Applicant Signature :		Dat	te:
Michelle 726-5195, Curt	791-3142, Michae 6177, Adrian 349- I islandhikers@gm	o 749-2956, Jamal 7611889 Il 719-3368, Dennis 678-27 -9316, Danny 372-7798, Po nail.com cal use only	768, Camille 6203147,
Registration Paid:	Date:	Method of Paymen	t Number