

Arthritis New Zealand Marathon 2011 Registration Form:

Instructions: Read the race details carefully, fill in this form, and mail it with payment to: Arthritis New Zealand Marathon, PO Box 9109, Hamilton 3204. **One entry per form please.**

Contact Details:	
First Name:	
Surname:	
Postal Address:	
Phone:	
Email:	
Date of Birth:	

- Please tick if you do not have an email address and require postal communication
- Please tick if you do not wish to receive further information from Arthritis New Zealand

Event Options (please tick one):		
<input type="checkbox"/>	Individual Registration Fee	\$20 per person
<input type="checkbox"/>	Team Registration Fee – 2 team members (21km each)	\$35 per team
<input type="checkbox"/>	Team Registration Fee – 3 team members (14km each)	\$50 per team
<input type="checkbox"/>	Team Registration Fee – 6 team members (7km each)	\$90 per team
<input type="checkbox"/>	Wheelchair Friendly Loop (approx. 5km)	\$10 per person

Payment Details:

Please make cheques payable to "Arthritis New Zealand". Or complete your credit card details below. Or pay online into the following account: 06 0501 0016449 00, with your **name/marathon** as the reference

Card Type (please circle): **Visa MasterCard**

Card Number: _____ **Expiry (mm/yy):** ____ / ____

Name on Card: _____ **Signed:** _____

Event Disclaimer:

I have read and understood the information regarding this event and understand that I participate in this event at my own risk. I hereby attest and verify that I am physically fit and have sufficient competence and experience to complete it safely. I agree to comply with the rules and directions of event officials and their personnel. I hereby acknowledge this waiver, release and indemnity discharges all persons, corporates, associations and bodies involved or otherwise engaged in promoting or staging the event and their servants, agents, representatives, officers and employees. This includes but is not limited to the various committees, members, and employees of all independent contracted suppliers to the event, local councils, cities and districts and their respective officers, directors, employees, independent contractors, representatives, agents, volunteers, event organisers and sponsors whether or not the loss, injury or damage is attributed to the act or neglect of any or more of them.

Signed: _____ **Date:** ____ / ____ / _____