



AMAJUBA DISTRICT YOUTH RUN ENTRY FORM 2024

Names: Surname:

ID No: Date Of Birth: Age:

Gender: Nationality:

Local Municipality: Ward No:

Cell phone: Email

Next of Kin: Contact:

Club: School: Licence No:

Please tick the appropriate box (✓)

I have read and agreed to the Youth Run info

I wish to walk/Run

 5km

 10km

Disability

 YES

 NO

WAIVER AND INDEMNITY

Participants take part entirely at their own risk and agree that they shall have no claim whatsoever against the organising body, any individual 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 participants may suffer arising from an injury to their person or loss or damage to their property as a result of, or arising out of, whether directly or indirectly, the participants arrival and departure from, attendance at registration, or other function thereof, any loss or damage to bicycles or other equipment, however such loss or damage may arise regardless of whether or not the same shall have been caused directly or indirectly by the negligence, albeit gross, of one or more of all the aforementioned parties. Persons signing this entry form as guardian of minor hereby consent to such minor being bound by the aforementioned parties to the extent. If any, to which such minor is not capable of waving his/her rights as stipulated

Signature: _____ Date: _____

Guardian