

Entry Form Hermanus *Wheels&Runners* Race

Venue: 17th Ave, Voëlklip, Hermanus **Date:** 08 May 2010 **Time:** 08.00 *Please enter as soon as possible*

First Name	<input type="text"/>	Initials	<input type="text"/>	Lic No:	<input type="text"/>	Official	Race #
Sur name	<input type="text"/>						
RSA ID No:	<input type="text"/>	Age	<input type="text"/>	Gender	F or M		Cat Code
Addr	<input type="text"/>			Tel	<input type="text"/>	<input type="text"/>	
Post Office	<input type="text"/>	Post Code	<input type="text"/>	Cell	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>						
Emergency Contact Person's Name >>	<input type="text"/>			& Tel	<input type="text"/>	<input type="text"/>	

Please **circle** only the ONE category you are entering here and circle your T-Shirt size here


The **Time** and **Order** of races will be listed on the website

Race km Category Entry Fee R 40 Male Female XS M L XL XXL

Collect T-shirt at registration. Pre-register on 07/05.


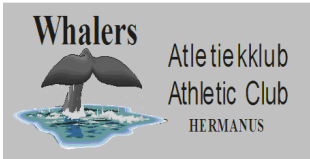
Race	km	Category	Entry Fee R 40	Male	Female
1	42 km	Hand Cycles		<input type="checkbox"/> HMM	<input type="checkbox"/> HMF
		Racing Chairs		<input type="checkbox"/> RMM	<input type="checkbox"/> RMF
2	21,1km	Hand Cycles		<input type="checkbox"/> HCM	<input type="checkbox"/> HCF
		Racing Chairs		<input type="checkbox"/> RCM	<input type="checkbox"/> RCF
		Tricycles		<input type="checkbox"/> TCM	<input type="checkbox"/> TCF
		Senior Runners: 16 years and older		<input type="checkbox"/> SRM	<input type="checkbox"/> SRF
3	10 km	Wheelchairs: Lower Limb disabilities		<input type="checkbox"/> LLM	<input type="checkbox"/> LLF
		Senior Runners 15 yrs and older		<input type="checkbox"/> RSM	<input type="checkbox"/> RSF
4	5 km	Senior Runners 15 yrs and older		<input type="checkbox"/> RRM	<input type="checkbox"/> RRF
		Junior Runners Under 15 yrs		<input type="checkbox"/> JRM	<input type="checkbox"/> JRF
		Wheelchairs: Lower Limb disabilities		<input type="checkbox"/> WCM	<input type="checkbox"/> WCF
5	6 km	Motorised Chairs		<input type="checkbox"/> MCM	<input type="checkbox"/> MCF
6	1,3 km	Wheelchairs: Upper Limb disabilities		<input type="checkbox"/> ULM	<input type="checkbox"/> ULF
7	5 km	Fun Walk - Push		<input type="checkbox"/> FWM	<input type="checkbox"/> FWF

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Please Note:

Pre-entries close at 17:00 on 4th May 2010. Late entries until 18:00 on 7th May 2010 at pre-registration in Hermanus [late penalty of R20]. Later line entries at R60, accepted on the day of the race. 'Later' entrants will not be eligible for any podium positions or awards.

Pre-Entries and Payment

By Fax 086 - 670 8958

By Post Box 109 - LYNEDOCH - 7603

Pay to Access for Citizens

Bank ABSA 632 005

Acc # 914 720 263 5

ENTRY: Enquiries and Information

Email greville @ iafrica.com

Tel 021 - 881 3911

Fax 086 - 670 8958

Entry Admin, Timing and Results by

GREAT-TIME 

RACE: Enquiries and Information

Web www.hermanusrace.co.za

Email info@disabledtravel.co.za

Tel 028 - 312 1889

Cell 082 - 923 3201

Fax 086 - 609 0932

Have you paid entry fee of R40 Yes No Please FAX confirmation to: 086 - 670 8958 and use your NAME and SURNAME as reference

INDEMNITY and WAIVER: I undertake to participate in the above event entirely at my own risk. I agree that I shall have no claim whatsoever against tAccess for Citizens, Hermanus Wheels & Runners, the organizers, any local authority any landowners, sponsors, or the employees or servants of any of the above parties for any loss, damage or injury whatsoever which I may suffer as a result of my participation in this event including my arrival and departure therefrom and any ceremonies or functions thereof. In the event of my signing this form as a guardian of a minor, I hereby consent to such minor being bound by the waiver including to the extent to which he/she is not capable of waiving his/her rights as stipulated above. I confirm that this special agreement is entered into for the benefit of the event, the sponsors and the organizations and persons assisting with the event.

I accept the above indemnity and waiver: _____

Participant: _____ Parent/Guardian [if under 18] _____ Date Signed _____