

# ENTRY FORM

OFFICE USE ONLY

1. One entry form per entrant, to be completed by parent.
2. Mail with payment to: Canberra Marathon, PO Box 206, Ettalong Beach, NSW 2257 or fax to (02) 4342 7648. Please do NOT duplicate your entry, as entry fees are not refundable under any circumstances.
3. Mailed entries must be postmarked no later than 12 March. Faxed entries must be received no later than 6.00pm 12 March and include credit card payment details.

PLEASE PRINT

Preferred first name	Surname		
<input type="text"/>	<input type="text"/>		
Postal address	Suburb / Town		
<input type="text"/>	<input type="text"/>		
State / Country	Postcode	Telephone Home	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent's Phone (race day)	Email address (PLEASE PRINT)		
<input type="text"/>	<input type="text"/>		
Sex: M / F	Age on Race Day	Date of birth: D / M / Y	School Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Remittance

Entry fee (includes free t-shirt) \$23 \$.....

T-shirt size: .....

Souvenir Bucket Hat ..... @ \$16 each \$.....

Optional donation to Children's Cancer Institute Australia \$.....

Faxed entries @ \$2 \$.....

TOTAL REMITTANCE \$.....

## Method of payment

- Visa     Mastercard     Money Order
- Cash     Cheque

Please make cheques payable to "Canberra Marathon". Do not send cash in the mail.

## Credit Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/>	<input type="text"/>	

Name on Card

Cardholder's Signature

## Parent's/Legal Guardian's Declaration

### Entry form must be signed below

1. I have read the conditions of entry for this event and understand the demanding physical nature of the event. My child (as named on this entry form) has trained for this event and I am not aware of any medical condition or impairment that may be detrimental to his/her health if he/she participates in this event. In the event that I become aware of any medical condition or impairment, or my child becomes otherwise sick or injured prior to the event, I will withdraw him/her from the event.
2. I acknowledge that it is a condition of my child participating in this event that he/she does so at his/her own risk. I accept all risks and release the event organiser, its agents, affiliates, employees, members, sponsors, promoters, volunteers and any person or body directly or indirectly associated with the event, from all claims, demands and proceedings arising out of or connected with my child's participation in this event and I indemnify them against all liability for all injury, loss or damage arising out of or connected with my child's participation in this event. This release continues forever and binds my heirs, successors, executors and personal representatives.
3. I hereby grant full permission to any and all of the foregoing to use my child's name, voice, and/or picture in any broadcast, telecast, advertising, promotion, or other account of this event for any purpose whatsoever.
4. Full conditions of entry are on the website and by signing below I acknowledge that I accept these conditions.

Parent's Name (block letters)

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date / /

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