TRANSFER FORM

This form can be used for runner to runner transfer and also distance transfer.

When used for distance transfer –write "as above" in the new runner details.

ORIGINAL RUI	NNER DETAILS	
NAME:		
DISTANCE		
□ 10k		OFFICE INFO
□ 21.1k		REMOVE THIS RUNNER
BIB NUMBER	if known	FROM THE DATABASE
NEW RUNNER	R DETAILS	NEW BIB #
FIRST		
LAST		
DOB	FORMAT: 15/04/1973	3
CONTEST	SEX:	
□ 10 k		
□ 21.1k		

New Runners need to fill out PAGE 2 in addition to the above.

ENTRY FORM – Cathedrals Challenge

PERSONAL INFORMATION			
Name:	Age:		
Email:			
Address:	Phone:		
Emergency Contact:	Emergency Contact Phone:		
MEDICAL QUESTIONAIRE			
Do you have any medical conditions we should be aware of?			
Have you been hospitalised in the last 5 years? If yes, why?			
Are you on any current medications?			
Is there anything else we should know so we can treat you if needed?			
WAIVER			
I understand that participating in the Cathedrals Challenge event is potentially hazardous and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident that may occur during the event or while I am on the precincts of the event. I also am aware of and assume all risks associated with participating in the event, including but not limited to falls, contact with other participants, effects of weather, traffic and conditions of the road/trail. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organisers, sponsors, promoters and each of their agents, representatives, successors and assigns and all other persons associated with the event, for all my liabilities, claims, actions or damages that I may have against them arising out of or in any way connected with my attendance at and participation in the event. I also agree to follow and obey all instructions and directions given by officials, marshals, members of the police, emergency or rescue staff, I understand that this waiver includes any claims with a cause by negligence, the action or inaction of any of the above parties, or otherwise. I hereby grant full permission to any and all of the above parties to use any photographs, video tapes, motion pictures, website images, recordings, and any other record of this event. I understand that in the event that the event course is, in the opinion of the event organisers, unsafe (for example by reason of heavy rain, high winds, bushfires, "acts of god"), organisers may, in their sole discretion, attempt to re-route the course, find an alternative or shortened course or cancel the event. Organisers also reserve the right to cancel, re-route or shorten the event for any other reason which may include but is not limited to environmental considerations, terrorism and war. If the event is cancelled, re-routed or shortened, no refund			
Runners Signature:	Date:		
Parents name (if signing for Under 18 years)	Childs Name		
Parents Signature	Date:		