



ENTRY FORM



Surname

First Names

ID Number

Postal Address

Town

Postal Code

Email Address

Group/Sport Club

Medical Aid No Medical Aid

Medical Aid Name

Medical Aid Plan

Medical Aid Number

Emergency Contact Person (Name and Number)

Allergies

Male Female **DISTANCE** 21 km (R250) 8 km (R100)

BANKING DETAILS: Thousand Sensations (Pty) Ltd

Account Number: 113 145 5940
Branch Code: 198 765

Please use your name as reference and email the entry form and proof of payment to: dyndev@mweb.co.za

Participants in the Cairo to Cape Trail Run and related activities ("the Event") acknowledge that although all precautions have been taken by the organising body, there might be dangers inherent in the participation in the event. Participants voluntarily assume such risks and waive all claims of whatsoever nature and howsoever arising in relation to the event against any parties, including but not limited to the organising body, Woodfield's Estates (Pty) Ltd, Silver River Estates (Pty) Ltd, sponsors, advertisers, local authorities, directors, employees and suppliers of those parties and any individual, official, marshal or agent ("the Parties").

Participants irrevocably indemnify the Parties against any liability and claims of any nature whatsoever and however arising (whether directly or indirectly, whether from negligence, albeit, gross and/or from involvement in a passage to or from the event, including but not limited to liability for delay, inconvenience, accident, death, injury, illness to their person or, loss or damage of property, or cost and expense sustained, incurred or put to by participants, and stroke/or by any minor children under the care or control of participants. Parents or guardians authorising a minor's participation in the event hereby agreed for such a minor to be bound to the forgoing and further indemnify the parties to the extent, if any, to which such minor is not capable of waiving his/her rights as stipulated above. The Organisers subscribe 100% to the requirements of the POPI Act and your information will only be used for the purpose of the Event. All relevant COVID-19 protocols will be observed during the event. Payback Policy - a 20% administrative fee will apply in case the event is cancelled or postponement due to COVID-19 regulations. **I hereby acknowledge that I have read and fully understand and agree to the above-mentioned indemnity waiver.**

SIGNATURE PARTICIPANT (Parent/Guardian if under age)

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Date