

Fred Ogle Memorial Ride

Entry Form

Sunday 11th November 2018



Category Selection

I am entering as an individual.... (please tick relevant box below)

- | | | |
|--------------------------|---|------------------|
| <input type="checkbox"/> | Fred Ogle Memorial Ride 110km – Adult | NZD 60.00 |
| <input type="checkbox"/> | Fred Ogle Memorial Ride 110km – Junior
<small>Under 18 on day of event</small> | NZD 40.00 |
| <input type="checkbox"/> | Lynley MacDonald Memorial Ride 50km– Adult | NZD 40.00 |
| <input type="checkbox"/> | Lynley MacDonald Memorial Ride 50km– Junior
<small>Under 18 on day of event</small> | NZD 20.00 |
| <input type="checkbox"/> | AvantiPlus Whangarei 25km Fun Ride – Adult | NZD 30.00 |
| <input type="checkbox"/> | AvantiPlus Whangarei 25km Fun Ride – Junior
<small>Under 18 on day of event</small> | NZD 15.00 |
| <input type="checkbox"/> | AvantiPlus Whangarei 12.5km Fun Ride – Adult | NZD 20.00 |
| <input type="checkbox"/> | AvantiPlus Whangarei 12.5km Fun Ride – Junior
<small>Under 18 on day of event</small> | NZD 10.00 |

Your Details

* **First Name**

* **Last Name**

* **Postal Address Line 1 (Correct postal address must be supplied)**
 Postal Address Line 2

Suburb

* **City**

* **Post Code**

* **Telephone (Daytime)**

Telephone (Mobile)

* **Date of Birth**

* **Gender** * MALE
 * FEMALE

(continued over)

Your Email

(Must have this to send confirmation of entry when applicable fees have been recieved into ASB account 12 3099 0206079 00)

Emergency Contact:

Name.....

Phone Number.....

Mobile Number.....

Medical Conditions (List any medical conditions you have that the event organisers should be aware of)

Waiver

In consideration of the acceptance of my entry I hereby agree to the exclusion of liability to the event organisers, sponsors, volunteer groups or individuals directly associated with the event from all claims for injuries and or damage however caused (whether fatal or otherwise) I may suffer out of the participation in this event. I also release and forever discharge the above groups and individuals from all actions, suits proceedings, claims demands, losses damages, penalties and fines however arising. I agree to comply with the rules of the Fred Ogle Memorial Ride event and I intend participating entirely at my own risk.

I agree to the above waiver and release terms and conditions

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Signature (Parent or Guardian if under 18 years)

.....
Date

Race Number (event organisers to allocate on receipt of entry fee)

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