

# FOUNDATION CLINIC



# MAUAO

## HALF MARATHON

**Saturday February 11<sup>th</sup> 2017**

**Start time 7.30am**

Event starts at the Mt Main beach and includes 3 x ascents and descents of Mauao (Mt Maunganui) and 3 laps around the Mauao base track.

**Individual or 3 person Team**

**Spaces limited so get your entry in today**

For more info contact  
Craig Newland 07 579 5601  
[info@mauaohalfmarathon.co.nz](mailto:info@mauaohalfmarathon.co.nz)  
[www.mauaohalfmarathon.co.nz](http://www.mauaohalfmarathon.co.nz)

# Individual

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Gender Male Female Date of Birth \_\_\_\_\_

# Team

Team Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Address \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Name - Team Member 1 \_\_\_\_\_ DoB \_\_\_\_\_ Gender Male Female  
Team Member 2 \_\_\_\_\_ DoB \_\_\_\_\_ Gender Male Female  
Team Member 3 \_\_\_\_\_ DoB \_\_\_\_\_ Gender Male Female

Entry Fee Individual \$55 (\$70 after 1<sup>st</sup> November) Team \$105 (\$120 after 1<sup>st</sup> November)  
Payment Direct Debit Cash EFTPOS Cheque  
Credit Card: Type Visa Or Mastercard Card Number \_\_\_\_\_  
Expiry Date \_\_\_\_\_ CSV \_\_\_\_\_ Name on Card \_\_\_\_\_

Cash, EFTPOS and cheque payments can be made at Foundation Clinic, 78 First Ave, Tauranga  
Online Payment (by direct Debit) into the following account:  
Foundation Clinic Mauao Half Marathon: 12-3263-0013181-01 Please use your name as reference.

Then email your entry form to [info@mauaohalfmarathon.co.nz](mailto:info@mauaohalfmarathon.co.nz)

## DISCLAIMER

- I acknowledge that I compete at my own risk.
- I hereby attest that I am physically fit and healthy and have trained sufficiently for this event.
- I agree to comply with the rules and directions of the event officials. I agree to follow the instructions of the Marshalls and to follow the Land Transport Safety Authority Road Rules.
- I agree that my name and image may be used in media and for marketing purposes, or any other way relating to this event without payment to me.
- I accept my details will be added to the Foundation Clinic database and understand that I may be contacted in regards to future events.
- I hereby agree that in the case of event cancellation due to extreme inclement weather (or at the discretion of event officials), my entry fee may not be entirely refundable.
- I hereby release all persons, corporations and associations involved or otherwise engaged in promoting or staging the event, and their servants, agents and representatives from any claim, whether the loss, injury or damage can be attributed to the act of neglect of any of them or not.

Full Name \_\_\_\_\_

Signed \_\_\_\_\_  
Signed by Parents/Guardian if entrant U18