

FOUNDATION CLINIC



MAUAO

HALF MARATHON

Saturday March 16th 2019

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
Dani Carlyon 07 579 5601
info@mauaohalfmarathon.co.nz
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 31st December) Team \$105 (\$120 after 31st December)
Payment Direct Debit Cash EFTPOS Cheque

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: 12-3263-0013181-02 Please use your name as reference.

Then email your entry form to 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