# Pukehou School proudly presents THE GREAT FAMILY CHALLENGE (G.F.C) 2017 Registration Form



**Event Date:** Saturday 1<sup>st</sup> April 2017 – 11.00am start **Location:** Te Aute Boys College, 100 State Highway 2, Te Aute (opposite the Paper Mulberry Café) – 15minutes south of Hastings and 15mins north of Waipukurau

Race Briefing: 10.45am Race begins: 11.00am. Food & Drinks: will be available from 10.00am with the Pukehou Whanau & Friends stall selling a selection of healthy food & drinks until 2.00pm

**Price:** \$20 per team (Please note payment is required to complete this registration)

**PAYMENT options:** Registration forms with payment can be sent / delivered/ emailed to: Pukehou School Office, State Highway 2, Pukehou 4276 Email: pital@flaxcol.co.nz OR brought to the venue on the day prior to 10.45am.

Cheques should be made out to Pukehou Whanau & Friends, alternatively, payment can be made online to Pukehou Whanau & Friends, Westpac account 03 0779 0115863 00 (Please use competitors surname as reference).

\*Registration forms must be completed and signed by an adult over 18 years of age and on behalf of the child member of the team as their parent/caregiver.

Team Name: \_\_\_\_

Adults Full Name: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Childs age: \_\_\_\_\_

Email address:

Phone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

When more than one team per family registering, please complete details for additional teams on reverse.

Date: \_\_\_\_\_

#### Terms and Conditions

By registering for this event I agree that participants compete entirely at their own risk. Neither the organisers, the sponsors nor other parties associated with the event shall have any responsibility for any liability, financial or otherwise which might arise whether or not by negligence, from any direct or indirect loss, injury or death which might be sustained by the participant or any other party directly or indirectly associated with the participants, from the participants intended or actual participation in the event or it's related activities. If you have concerns regarding your child's ability to take part in this initiative safely, please check with your family doctor.

I acknowledge that safety precautions undertaken by organisers (such as on the course officials, & briefing) are a service to me and other competitors but are not a guarantee of safety.

I also give consent to receive medical treatment which may be deemed necessary in the event of injury, accident and/or illness during the event.

If the event is cancelled due to bad weather or any unforeseen circumstances, I understand that all efforts will be made to refund my entry fee..

I understand that the official event registration, briefing, start and finish, plus prize giving will be held at both private venues and public sites and I must respect land/property owner's and the public's rights.

The participant and parent/guardian also consent to any event photos being used for publicity purposes

I confirm that, by being the adult in the team, I have read and explained the Terms and Conditions of this Waiver to each member of my team/teams registered on this form and they therefore understand and accept the terms and conditions and waiver. I am authorized by each of the members of my team/s to confirm these matters to the race organiser.

#### I accept these terms and conditions

## SIGNED: \_

### ADDITIONAL TEAMS, SAME FAMILY

Team Name:		
Adults Full Name:		
Childs Full Name:		
Relationship:	Childs age:	
Email address:		
Phone:		
Team Name:		
Adults Full Name:		
Childs Full Name:		
Relationship:	Childs age:	
Email address:		
Phone:		
Team Name:		
Adults Full Name:		
Childs Full Name:		
Relationship:	Childs age:	
Email address:		
Phone:		