

Run the 'Maine entry form

Sunday 3rd October '10

Please choose: 5km walk /run OR 10km run

First Name _____

Last Name _____

Sex (please circle) M / F _____ Date of Birth _____

Address _____

Suburb /City _____ Postcode _____

Telephone No. _____

email address _____

T-shirt Order (please circle):

Female DryFit Muscle Shirt

8 10 12 14 16 18 20

Male DryFit T-Shirt

S M L XL XXL XXXL

Each Shirt = \$25

Medical Conditions (current medications, allergies, any medical concerns, injuries, etc.)

Competitors Declaration:

I, whose signature appears below on this entry form in consideration and as a condition of acceptance of my entry in this event, for myself, my heirs, executors and administrators, hereby waive all and any claim, right or action which I or they might have for and arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer of sustain in the course of or consequent upon my entry or participation in said event.

Knowing that running is potentially hazardous activity, I enter and run/walk this race certifying that I am medically able and properly trained. I also assume any other risks associated with participating in this event, including, but not limited to, falls, over exertion, dehydration and accidents with other participants, spectators or road users.

This waiver, release and discharge shall be and operate separately in favor of Castlemaine Health and all persons, corporations and bodies involved or otherwise engaged in promoting or staging the event and servants, agents, representatives and officers of any of them, and shall operate whether or not loss injury or damage is attributable to the act or neglect of or more of them. I agree to receive and pay for medical treatment including transport by ambulance, which is considered by organizers to be advisable, before, during or after the event. I have read the above declaration and agree to abide by all race rules and directions as stated in the declaration and other material distributed in connection with the event.

Signature of Entrant: _____

**Register by 17/9 for
the Early Bird price.**

Declaration to be signed by a parent/guardian if competitor is under 18years

Parent/Guardian Signature _____

**Contact: Libby Moran
0439 653 389**

METHOD OF PAYMENT: Deposit to Run the Maine bank account (see below)

Cheque enclosed payable to Castlemaine Health

Credit Card, please circle: Visa Bankcard Mastercard

Cardholder's Name: _____

Card Number ____ / ____ / ____ / ____ expiry: ____ / ____

Signature _____ date ____ / ____ / 2010

If paying by cheque or credit card, please forward signed entry form with cheque or credit card details to Fran Taylor, Castlemaine Health, PO Box 50, Castlemaine 3450

Entry Fees	Early	After 17/9
Single	\$20	\$25

Bank Account Details
"RUN THE MAINE"
BSB 633108
Account No. 140266941
Please use your surname as the reference.