

## Kalahari Augrabies Extreme Marathon Registration Form 2019

### General Information (COMPLETE FORM IN BLOCK LETTERS, EMAIL TO [register@kaem.co.za](mailto:register@kaem.co.za))

First name:		Surname:	
Date of birth:	Age:	ID / Passport number:	
<b>NB: Send a copy of your passport or South African ID document with your registration form.</b>			
Postal address:			
Telephone numbers (country code)		Mobile:	
Work:		Home:	
Email:			
<b>For South African participants (it is compulsory to have medical cover which includes taking part in KAEM.) If you currently do not have medical cover and wish to complete this in 2019, please tick this box.</b>			
Medical aid name and number:			
Medical aid telephone number:			
Main member:		Telephone number:	
<b>For International participants (it is compulsory to have medical cover which includes taking part in KAEM.) If you currently do not have travel insurance and wish to complete this in 2019, please tick this box.</b>			
Travel insurance name and number:			
Travel insurance telephone number:			
<b>In event of an emergency</b>			
Name:		Telephone number:	
Email:			

### Event Fee priced in ZAR

	Event Fee	Tick	
Price in ZAR	27,750	√	27,750
<b>Additional Options; please tick what is required.</b>			
<b>Transfer:</b> Upington/Augrabies	300		
Augrabies/Upington	300		
<b>Total</b>			

### Please tick the following:

<input type="checkbox"/>	I acknowledge that I am aware that the Kalahari Augrabies Extreme Marathon is an extreme and accordingly a potentially dangerous activity. Although stringent safety measures will be in place, the risk of personal accident or injury cannot be completely excluded. I confirm that I am physically and mentally well and fit and am able to participate in exercise of this nature without undue risk to my health.
<input type="checkbox"/>	I hereby undertake and agree to indemnify and hold harmless all land owners, Augrabies Extreme Marathon cc, its' employees, volunteer helpers, sponsors and agents against any liability and against any/all proceedings, claims, damages, interest, costs, and/or expenses which may result from any accident or injury to myself or my belongings.
<input type="checkbox"/>	I grant my permission to use my name, race information and photographs, video tapes, broadcasts and telecasts in which I may appear, free of charge.
<input type="checkbox"/>	I confirm having read and fully understood the Rules and accepted the "Terms and Conditions" of this contract as more fully set out in "Conditions of Contract".
<input type="checkbox"/>	I consent to undergoing a pre-race medical examination* and to having a tetanus vaccination as a condition of entry. I understand that a failure or refusal to do so will disqualify me from participation in the Kalahari Augrabies Extreme Marathon. Medical forms to be completed by your doctor will be available from 01 August 2019. The medical form must be emailed or faxed to the organizers no later than 15 September 2019.
<input type="checkbox"/>	I confirm that I am aware that a refusal to cooperate with the reasonable instructions of the race doctor or medical personnel to accept medical intervention or to retire from the race will result in my immediate disqualification and will relieve the organizers of any/all responsibility for my wellbeing.

**PLEASE NOTE: Original form to be signed at REGISTRATION**