

## **Remarkables Event Registration**

Date: / /		Division (tick Male □	appropriate) Female □
Name:			
Local Address:			
		. Event fee	
Contact Phone Number:			
Waiver			
this event entirely at my and suffer no medical co  As a condition of my er employee's, agents and loss or damage to prope and intent of this waiver	own risk. I acknowled onditions or disabilities thatry, I agree to release sponsors of the event ferty) I might suffer. I ack on my rights.	us, and may result in injury or dea ge that by entering into the event nat may render me unsuitable for th Southern Alpine Recreation Limit from any liability or damage, loss o knowledge that I have read and unc	I am physically fit is event. ed and any of its r costs (as well as
Signature			
Office use only Amount Paid	Bib deposit	Bib number	
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