

Team Member 2

Name:	Date of Birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Email:	Phone:
Address:	Town/City:
Medical Conditions:	
Emergency Contact (on the day):	Phone:

How did you hear about this event?	I am an LMS Contender (competed 2008-2011) YES / NO
	Are you a Contact Energy customer? YES / NO

Comments / Feedback:

RACE RULES / WAIVER:

Individual I have read and accept the Race Rules and Waiver for this event available online: www.contactepic.co.nz/race-rules.html <input type="checkbox"/> I AGREE (Please Tick) Signed: _____ Date: _____

College Student Entry Individual (under 18yrs) As Parent(s)/Legal Guardian(s) I(We) have read and accept on behalf of my (our) child (children), the Race Rules and Waiver for this event available online: www.contactepic.co.nz/race-rules.html <input type="checkbox"/> I / WE AGREE (Please Tick) Signed: _____ Date: _____

Team Member 3

Name:	Date of Birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation:
Email:	Phone:
Address:	Town/City:
Medical Conditions:	
Emergency Contact (on the day):	Phone:

How did you hear about this event?	I am an LMS Contender (competed 2008-2011) YES / NO
	Are you a Contact Energy customer? YES / NO

Comments / Feedback:

RACE RULES / WAIVER:

Individual I have read and accept the Race Rules and Waiver for this event available online: www.contactepic.co.nz/race-rules.html <input type="checkbox"/> I AGREE (Please Tick) Signed: _____ Date: _____

College Student Entry Individual (under 18yrs) As Parent(s)/Legal Guardian(s) I(We) have read and accept on behalf of my (our) child (children), the Race Rules and Waiver for this event available online: www.contactepic.co.nz/race-rules.html <input type="checkbox"/> I / WE AGREE (Please Tick) Signed: _____ Date: _____
