

**Kalahari Augrabies Extreme Marathon  
Registration Form 2017**

**General information (COMPLETE FORM IN BLOCK LETTERS, EMAIL TO [nadia@kaem.co.za](mailto:nadia@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.)</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.)</b>			
Travel insurance name and number:			
Travel insurance telephone number:			
<b>In event of an emergency</b>			
Name:		Telephone number:	
Email:			

**Package**

	Package 1	Package 2
Price in ZAR	24,120	32,220
Tick req. package		

**Please list any amendment to the set packages (eg. No accommodation required in Johannesburg, one way flight, etc)**

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**Please tick the following:**

	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.
	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.
	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.
	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".
	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 2017. The medical form must be emailed to the organizers no later than 15 September 2017.
	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.

**\*Original form to be signed by participant at registration**

Competitor:	Date:
Signature of parent / legal guardian if under 21:	

<b>NAME:</b>							
T-Shirt Size <b>Mens</b> (under arm cm)	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2XL</b>	<b>3XL</b>
	97	102	107	112	120	128	136
T-Shirt Size <b>Ladies</b> (under arm cm)	<b>2XS</b>	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	
	80	85	90	95	100	107	
Name of person to share accom at Park							
Name of person/s to share gazebo							
Allergies							
Meal requirements, e.g. vegetarian							
Name & Surname on your Finishers Trophy							
Where did you hear about the KAEM	Television	Web	Magazine	Exhibition			
Other:							
<b>Please complete this questionnaire and return it with a photo of yourself. This is for the website.</b>							
Age							
Nationality							
Residence							
Occupation							
Hobbies							
Fastest Marathon Time/When							
How many years running							
Most interesting races							
Charity							
Why KAEM							
Number of completed KAEM's (excl. 2017)							