

INDIVIDUAL REGISTRATION FORM

FEES

Pre-Registration: **\$20.00pp**
 Day of Event Registration: **\$25.00pp**
 Participants over 60: **\$15.00pp**

NON-REFUNDABLE AND NON-TRANSFERRABLE

Registration Deadlines:

Pre-Registration (Online) - July 3rd, 2025
 Pre-Registration (In person)- July 4th, 2025 4:00pm
 Late Registration- July 5th, 2025 5:30am-6:00am

NAME/ TEAM REPRESENTATIVE NAME: _____

ADDRESS: _____

TELEPHONE (HOME): _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____

AGE: _____ DOB DD/MM/YY _____ SEX: M F

EMERGENCY CONTACT: _____ TELEPHONE _____

MODE OF PARTICIPATION (PLEASE TICK ONE):

WHEELCHAIR WALKING RUNNER PUSHING WHEELCHAIR

T-SHIRT SIZE (PLEASE TICK ONE):

S M L XL XXL XXXL Additional sizing please specify _____

Group Challenge Registration : (10) or more persons in a group. Complete Group challenge form on the other side.

MODE OF PAYMENT:

Sandilands Rehabilitation Centre | Mon-Fri 8:00am-3:00pm

CASH CHEQUE

WAIVER REQUIRED:

I understand that participating in this event potentially hazardous and I should not enter unless I am physically able and medically stable. I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risk I, for myself, my heirs and my executors, hereby release and forever discharge the Public Hospitals Authority, Sandilands Rehabilitation Centre and Geriatric Hospital, the Geriatric Push-a-thon Committee and each of their employees, agents, affiliates, members, volunteers, sponsors and representatives from all liabilities, claims, actions or damages against them arising out of or in any way connected with my participation in the event, I grant permission to use my name, photographs, videotapes, motion pictures, and other media of any kind or any record of the event to any legitimate purpose including promotional efforts of any kind without compensation to me. I acknowledge that the entry fee is non-refundable and non-transferrable.

I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOLUNTARILY CERTIFY COMPLIANCE BY ACCEPTING THIS WAIVER.

Participant/ Team Rep Signature _____ Date: _____

Name: _____ Donation \$: _____

Received by: _____ Date: _____

GROUP CHALLENGE REGISTRATION FORM

Challenge leader MUST complete form for entry group.

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FEES

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NON-REFUNDABLE AND NON-TRANSFERRABLE

GROUP NAME/ TEAM REPRESENTATIVE NAME: _____

GROUP LEADER'S ADDRESS: _____

TELEPHONE (HOME): _____ **(CELL)** _____ **(WORK)** _____

EMAIL ADDRESS: _____

MODES OF PARTICIPATION: **WHEELCHAIR** **WALKING** **RUNNER** **PUSHING WHEELCHAIR**

Participant Name	Sex	Mode of Participation	T-Shirt Size	Paid	Emergency Contact (Name and Number)

WAIVER REQUIRED:

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MODE OF PAYMENT: **CASH** **CHEQUE**

Sandilands Rehabilitation Centre Mon-Fri 8:00am-3:00pm

Please make cheque payable to Sandilands Rehabilitation Centre, Pushathon Committee

Participant/ Team Rep Signature _____ **Date:** _____

Name: _____

Donation \$: _____

Received by: _____

Date: _____