

FULL MOON NIGHT RUN

Entry Form

NAME:

SURNAME:

DATE OF BIRTH:

ADDRESS:

CONTRACT NO.:

E-MAIL ADDRESS:

EMERGENCY NO.:

TICK A BOX

5KMFunrun

8KMRun

EFT Banking Details:

Busy-Bugz

First National Bank

Branch: 25065500

Account Number 62534839529

Reference NRun-Surname

FULL MOON NIGHT RUN

Indemnity form

I the undersigned, _____ (print name)
I.D. No. _____ do
hereby acknowledge, understand and accept the inherent risks
involved in participating the night run.

- My general health is good and there is nothing that renders me unfit to participate in the night run.
- I hereby indemnify the Neon Night Run Organisers and or Busy-Bugz School against all actions, suits, proceedings, claims, demands, costs and expenses arising out of the permission given

SIGNED at _____ on the __ day of _____ 2019

Participant Signature

Date

Witness Signature

Date

Witness Signature

Date