

**NG GEMEENTE BEDELIA, WELKOM - FONDSINSAMELINGSGELEENTHEID  
INSKRYWINGSVORM**

**ANCO Ultra Marathon**  
**NEW**  
**4 in 1** **Qualifier for Comrades**  
 48km  
 32km **START** **06:00**  
 16km  
 5km **COLOUR RUN** **07:00**  
 Race held according to IAAF, ASA and AFS rules

**Saturday - 9 March**  
 **WELKOM Swimming Pool** 

**Inskrywingsvorm / Entry Form**

Naam  
Name \_\_\_\_\_

Van  
Surname \_\_\_\_\_

Sel  
Cell \_\_\_\_\_

SA Citizenship / Foreigner: \_\_\_\_\_

I.D. Nr./ Birth Certificate/Passport no: \_\_\_\_\_ Temp No./  
I.D. No. \_\_\_\_\_ Licence No. \_\_\_\_\_

Geslag  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Geboortedatum  
Date of Birth \_\_\_\_\_

Klub/Skool/Besigheid  
Club/School/Business \_\_\_\_\_

Emergency No. (family/relative) \_\_\_\_\_

Wedloop waarvoor ingeskryf word:  
Race entered for: Walker 

R70
16km

<b>R150</b>	<b>R100</b>	<b>R70</b>	<b>R50</b>
<b>48km</b>	<b>32km</b>	<b>16km</b>	<b>5km Fun Run</b>

INDEMINITY / WAVER: By entering this event I undertake to be bound by the rules and regulations of the event including those of IAAF, ASA and AFS. I warrant that I am in good health and aware of the risks and dangers of physical nature of this sporting event, and do not claim ignorance of these risks and dangers. I hereby accept that I participate in the event entirely at my own risk and I release and discharge, to the fullest extent allowed in law, the organisers of the event, provincial and national athletics bodies and all local authorities from any responsibility, liability or costs relating to any injury, loss or damage of whatever nature, however caused, arising directly or indirectly from my participation in the event including pre-and post-race activities. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity. MINOR RELEASE: and I, the minor's parent and/or legal guardian, understand the nature of athletic activities and the minor's experience and capabilities and believe the minor to be qualified in good health and in proper physical conditions to participate in such activity and I enter into this indemnity /waver on behalf of the minor.

Printed name of participant (parent/guardian in the case of a minor) \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_