# *The 2003 icons Hawke's Bay Marathon*

***Photocopies of this form will be acceptable.***

## MARATHON ENTRY ONLY

**First Name** **Surname**

.....

**Address:**.....

.....

.....

**Phone No:**.....

**Are you a member of an athletics Club?** **YES / NO**

**If yes write name of club** .....

**Is this your first marathon** **YES / NO**

**MALE / FEMALE**

**Age on race day** .....

**Estimated Time**.....

**Previous Best** .....

**Chosen Start Time:** **(CIRCLE ONE)**

**6.30 a.m.** **8.00 a.m.**

**EVENT (CIRCLE ONE)**

**Running Race** **Walking Race** **Wheelchair**

### CONDITIONS OF ENTRY AND RACE BRIEFING

1. Road rules apply at all time. This race briefing must be read and listened to before competing.
2. I/we waiver liability against the Race Organisers and Sponsors, and agree to enter and compete at my/our own risk.
3. The marshals on the course WILL NOT be stopping any traffic. When you are required to cross a road you must adhere to the marshals instructions and obey the rules of the road.
4. There will be no roads closed during the course of this event
5. Participants must not run/walk more than two abreast at any time. Failure to do this will result in a disqualification and participants will be asked to remove themselves from the event.
6. The Race Director deserves the right to alter the course, due to unfavourable weather conditions.
7. All team changes must take place within the designated change over areas for safety reasons.
8. If for any reason you are unable to complete this event you must let Race Organisers know at the finish line.
9. Where possible use the footpaths.

**WAIVER -** In consideration of the acceptance of my entry I do hereby for myself, my heirs, executors, administrators and assignees release and forever discharge the sponsors and all persons involved in the conduct of the Hawke's Bay Marathon from all claims of damages or actions whatsoever in any manner arising out of my participation of this event. I attest and verify that am fully aware of the risks involved in participating in this event and that am sufficiently fit to compete in this marathon safely. I agree to abide by the organiser's rules and their decision is final. I consent to the use of my name and/or photographs of myself for promotion of this event by organisers and sponsors. I consent to the publishing of my race results.

**Declaration** (To be completed by all entrants)

1.1 hereby certify that all of the above information is true and correct.
2. My accepted entry will not be transferred to another person.
3. Entrants under the age of 16 years require parent or guardian's signature.

Signed..... Full Name.....

Signed..... Full Name.....

## RELAY ENTRY ONLY

**First Leg:**

**First Name** **Surname**

.....

**Second Leg:**

**First Name** **Surname**

.....

**Address: (One contact only)**

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**TEAMS RELAY (CIRCLE ONE)**

| | |
|---|---|
| **Men's Walking** | **Men's Running** |
| **Women's Walking** | **Women's Running** |
| **Mixed Walking** | **Mixed Running** |

**T-Shirts** **$25.00**

**Size S, M, L, XL, XXL**

| GRADE | ✓ |
|---|---|
| OPEN MEN | |
| MEN 40—44 | |
| MEN 45—49 | |
| MEN 50—59 | |
| MEN 60—69 | |
| MEN 70 + | |
| OPEN WOMEN | |
| WOMEN 35—39 | |
| WOMEN 40—44 | |
| WOMEN 45—49 | |
| WOMEN 50—59 | |
| WOMEN 60 + | |

| | |
|---|---|
| **ENTRY FEE (Individual)** | **$40.00** |
| **Entry Fee Relay Team** | **$40.00** |
| **Discount of $5 for HB Marathon Clinic Members. (1 per team)**<br><br>**Membership Number: .....** | **$** |
| **Additional Late Entry Fee $10 (After 15th August)** | **$** |
| **T-Shirts @ $25.00** | **$** |
| **PAYMENT ENCLOSED** | **$** |