

SOUTHPORT
RUNNERS AND WALKERS Inc.
MEMBERSHIP FORM

PLEASE PRINT

**PLEASE READ AND SIGN THE
RELEASE FORM BELOW.**

SURNAME:

GIVEN NAME:

**PLEASE NOTE: The
“establishment” will be anywhere
Southport Runners and Walkers Inc
commence and finish their activities.**

ADDRESS:

SUBURB:

Any participant, public person or other person who in any manner makes use of the facilities, privileges or service whatsoever owned or operated by the establishment, or who engages in any event, function, or competition or other activity arranged by the establishment, either on or off the premises, shall do so at their own risk (knowing full well there are risks inherent in fitness and sporting activities), and they and their estate and heirs shall waiver any legal claim against the establishment or the organisers and shall hold the establishment or the organisers harmless from any and all losses, costs, claims, injury damage or liability sustained or incurred by him or her resulting there from and/or resulting from any act of the organiser.

POSTCODE

PHONE:

MOBILE:

EMAIL:

By signing below this constitutes acceptance of these conditions and rules.

DATE OF BIRTH:

PAYMENT RECEIVED:

SIGNED: _____

DATE: _____
