



Crazy for Walking Cape Town

Registration form

We are thrilled that you have decided to join the crazy walk with us. Please complete this form with your detail and return it to us with the necessary documentation:

Name & Surname:		Telephone number/s:	
Email address:			
Home Address:			
Occupation:			

Emergency Information			
Medical aid:		Medical aid number:	
Main member:		Main member date of birth:	
Medical conditions (allergies, injuries, illness) Please bring along all medication required			
Dietary requirements:		General level of fitness:	
Emergency contacts:			
Name:		Telephone number:	
Name:		Telephone number:	

Clothing options							
Please tick what size t-shirt you would prefer:							
Men's S	Men's M	Men's L	Men's XL	Ladies S	Ladies M	Ladies L	Ladies XL
Please tick what colour t-shirt you would prefer:							
Orange	Yellow	Blue	Pink	Purple			

Additional clothing items for sale (please note this is NOT included in the cost):



<input type="radio"/> Cap @ R70	
<input type="radio"/> Men's Fleece @ R440 (S- XL)	<input type="radio"/> Ladies Fleece @ R380 (S- XL)
Larger sizes available price on request	

Walking Options		
Please indicate if you are joining us for a single day or for selected days		
<input type="radio"/> The full 7 days (R3300)		
<input type="radio"/> 1 day (R900)	<input type="radio"/> 2 days (R1300)	<input type="radio"/> 3 days (R1700) <input type="radio"/> 4 day (R2100)
If you are only working selected days mark only the days you intend to walk		
<input type="radio"/> 4 Oct <input type="radio"/> 5 Oct <input type="radio"/> 6 Oct <input type="radio"/> 7 Oct <input type="radio"/> 8 Oct <input type="radio"/> 9 Oct <input type="radio"/> 10 Oct		
I am attending the send-off event (3 October)	<input type="radio"/> Yes	<input type="radio"/> No

Photo & Social Media consent	
Please choose the option you prefer:	
<input type="radio"/> I hereby give permission to the Crazy for Walking initiative to use my photo for marketing purposes including: social media pages, advertisements, flyers.	
<input type="radio"/> I do not give permission to the Crazy for Walking initiative to use my photo for marketing purposes including: social media pages, advertisements, flyers.	

Indemnity		
I shall participate in the Crazy for Walking Cape Town walk on my own responsibility and will accept the risk in this regard voluntarily.		
I hereby indemnify Crazy for Walking, the associated clinic's and all its employees and hold them jointly and severally harmless against all liability resulting or arising from the above-mentioned activities, whether against myself, my estate or any other person.		
I undertake not to institute a claim of any nature against Crazy for Walking or any employee or associate of the initiative. I do not hold the organisation responsible for any damage or loss of any nature whatsoever that I, personally, or any property belonging to me sustain and which directly or indirectly follows from any of the following: my participation in the above activity; utilisation of equipment during the activity; utilisation of transport during the activity and any other participation in any aspect of the Crazy for Walking Cape Town event. I understand that Crazy for Walking Cape Town or the associated clinics do not take out insurance to this purpose on my behalf or my benefit.		
Signed:	Date:	Witness:

Please make the correct payment to: CRESCENT CLINIC, ABSA Claremont 632005, Account number: 4046377300, Reference: C4W Initial and Surname

Please send the following documents to: marlene@crazyforwalking.co.za

- Registration form
- Copy of Medical aid card
- Copy of ID document
- Proof of payment



Thank you for registering. We look forward to walking with you!