

Shire of Tammin



FUN RUN REGISTRATION FORM

Participant Information:

- Full Name: _____
- Age: _____
- Gender: Male Female Other
- Contact Number: _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____

Race Category (Select One):

250m 500m 1km 2.5km 5km

Medical Information:

- Do you have any medical conditions we should be aware of? Yes No

If yes, please specify: _____

Waiver & Consent: I, the undersigned, acknowledge that participation in this fun run is voluntary and at my own risk. I release the organisers and affiliates from any liability for injury, loss, or damage. I confirm that I am physically fit to participate.

Signature: _____ Date: _____

(For participants under 18, a parent/guardian must sign below.)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____