



## MANUAL REGISTRATION FORM

EVENT DAY: SATURDAY 21ST OCTOBER 2023

RACE START TIME: 0800HRS

START / FINISH LINE: WATERSTONE EVENTS & CONFERENCING

PAID	AMOUNT	DATE
	P 800.00	

TEAM NAME: \_\_\_\_\_

SELECT A TEAM CATEGORY: Female / Male / Mixed

SELECT A DIVISION: Beginner / Intermediate / Advanced

### 1. TEAM LEADER

First Name : \_\_\_\_\_ Surname: \_\_\_\_\_

ID/Passport: \_\_\_\_\_ D.O.B: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: Male / Female

Contact # : \_\_\_\_\_ Email: \_\_\_\_\_

### 2. TEAM MEMBER

First Name : \_\_\_\_\_ Surname: \_\_\_\_\_

ID/Passport: \_\_\_\_\_ D.O.B: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: Male / Female

Contact # : \_\_\_\_\_ Email: \_\_\_\_\_

### 3. TEAM MEMBER

First Name : \_\_\_\_\_ Surname: \_\_\_\_\_

ID/Passport: \_\_\_\_\_ D.O.B: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: Male / Female

Contact # : \_\_\_\_\_ Email: \_\_\_\_\_

### 4. TEAM MEMBER

First Name : \_\_\_\_\_ Surname: \_\_\_\_\_

ID/Passport: \_\_\_\_\_ D.O.B: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: Male / Female

Contact # : \_\_\_\_\_ Email: \_\_\_\_\_

#### Terms and Conditions

I, the undersigned, with my details provided below, understand and agree to the following terms & conditions that apply to my participation in the UOC:

1. I am aware of the potential dangers of participating in the UOC, including serious injury and/or death.
2. I agree and acknowledge that I should not participate unless I am medically fit and able to do so. I agree to abide by any instructions given by UOC marshals and/or LKCT personnel with regard to my continued participation should they cite my safety as an immediate concern.
3. I agree and undertake to follow all safety rules, regulation & procedures in relation to my participation in the UOC.
4. I hereby indemnify the LKCT, its trustees, employees, servants, agents or volunteers, and all persons associated with the UOC, against any and all claims of whatsoever nature and howsoever arising, and whether in respect any harm, injury, liability, death, loss or damage of any kind suffered, and whether such claims arise out of any act or omission and/or the negligence of any of the persons aforesaid.
5. I authorise the use by the LKCT, their sponsors and/or representatives, of any photographs, motion picture recordings or any other of the UOC for any legitimate purpose.
6. I declare that I am 18 years old or above, or, that I have sought obtained my parent's/guardian's consent for my participation in the UOC.
7. This indemnity is binding on my heirs and assigns.
8. In the event that any participation is a minor, the person signing this indemnity on behalf of such minor warrants his/her authority to sign this indemnity on behalf of the said minor.
9. A UOC team consist of a minimum of 4 members with at least one (1) participating adult i.e 18 years and/ or above.

Agree:  Full Name: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sign: \_\_\_\_\_

#### Disclaimer

All payments MUST be made by the stipulated payment dates or your entry/order will automatically be cancelled. Payment without a reference (Team Name) will not be accepted, if your payment cannot be linked to an entry, your entry will be cancelled. All proof of payment should be sent to [accounts@ladykhamatrust.org](mailto:accounts@ladykhamatrust.org). No withdrawals and refunds will be considered after the CLOSE T-SHIRT REGISTRATION, which is **12th October 2023 @2359hrs**.

#### Banking Details (If paying via EFT. Please produce proof of payment before close of registration)

First National Bank Botswana

Branch: First Place

Acc Name: Lady Khama Charitable Trust

Acc Number: 6223 6601 557

Branch Code: 281467

Swift Code: FIRNBWGX

Visit our Website : [www.ladykhamatrust.org](http://www.ladykhamatrust.org) or Email : [info@ladykhamatrust.org](mailto:info@ladykhamatrust.org) or Contact : +267 7211 1128/ +267 7280 8241 for more info