

IRONMĀORI LATE REGISTRATION FORM

First Name _____ Surname _____

Date of Birth _____ Age _____

Phone Number _____ Male or Female? _____

Email _____

Emergency Contact Name _____

Emergency Contact Number _____

Medical issues _____

Distance:

IRONMĀORI QUARTER 2024

IRONMĀORI HALF 2024

Discipline (please tick box):

Individual

Team

Team Name _____

Team Swimmer _____ DOB _____ Male/Female

Team Cyclist _____ DOB _____ Male/Female

Team Runner/Walker _____ DOB _____ Male/Female

Solo Discipline Swim

Solo Discipline Cycle

Solo Discipline Walk/Run

By signing this registration form I agree to read the race rules, listen to the briefing, and comply with the rules and instructions of this race. I will be competing at my own risk and consider that I am capable of completing this event. I waive all claims against the organisers, promoters and/or sponsors. If registering a team, all participants agree to this disclaimer. All late registration payments can be made by cash or Eftpos.

Participant Signature _____

*Bib Number Assigned (IRONMĀORI to complete) _____