



# Registration Form NEW PARTICIPANT

## OFFICE USE ONLY

Category:  Walker  Climber  Emergency Services  
 Full Kit Firefighter  Corporate Cup

Bib# \_\_\_\_\_

Wave Time: \_\_\_\_\_ Timing# \_\_\_\_\_

Fee paid: \_\_\_\_\_

Donation paid: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Have you participated in the Eureka Climb before?  Yes  No

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email: \_\_\_\_\_

## YOUR DETAILS

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male  Female

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Preferred contact number : ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have any existing medical conditions which may impact your ability to participate in Eureka Climb? If yes, please detail:

\_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

## **PLEASE READ THE WAIVER RELEASE/INDEMNIFICATION AND STATEMENTS OF INTENT DECLARATION**

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS. ALL FEES ARE INCLUSIVE OF GST

- I have read and agree with all of the [Terms and Conditions](#)
- I have paid the event day registration fee of \$100.00 (climbers) \$95.00 (walkers) which includes my minimum pledge

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_