



OFFICE USE ONLY

Category: Walker Climber Emergency Services
 Full Kit Firefighter Corporate Cup

Bib# _____ Wave Time: _____

Processed by: _____

Registration Form

TEAM MEMBER REPLACEMENT

PLEASE PRINT CLEARLY

Team Name: _____

Name of person being replaced: _____

Have you participated in the Eureka Climb before? Yes No

Your 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](#)

Signature: _____

Print name: _____

Date: _____