



Waiver And Registration Form

PAID: ☐

I understand and hereby affirm that I am in good physical health and do not suffer from any disability that would prevent or limit my participation in this event. I fully understand that I may injure myself as a result of my participation at this event held at the 4x4 Club, Donny Brook.

I hereby release the 4x4 Club, Donny Brook and the Mud Run organisers from liability now or in the future, including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, and any other illness, soreness or injury, however, caused occurring, during or after my participation in this event.

I hereby allow the Mud Run organisers to use photos taken at the event for advertising and marketing purposes.

I hereby allow for updates from Cutting Edge using the information I have provided.

FULL NAME (participant): _____

FULL NAME (parent/guardian if child is under 10yrs): _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

SIGNATURE (parent/guardian if child is under 10 yrs): _____

DATE: 01/04/2023



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