



Top of the Rock

5 or 10 km run/walk event.

Sunday 17th March 2024

Entries taken on the day – Cash Please

Start Area: Pakeho Rd (Off Baldrock Rd)

Check In Time: From 7:30a.m.

Safety Briefing: 8:45a.m.

Start Time: 9a.m.

Ways To Register:

1. Pick up an entry form from Kaiwaka Four Square
2. Email PDF form to ksa.totrentry@gmail.com or drop back to Four Square
3. Download PDF form from www.kaiwakasport.co.nz and email completed form to ksa.totrentry@gmail.com or post to Kaiwaka Sports Assn, PO Box 52, Kaiwaka, 0542
4. In person on Saturday 16th March 6:30pm – 8pm Kaiwaka Sports Complex

Ways To Pay:

1. Online banking 06-0365-0022472-00 (use reference TOTR and your full name)
2. Cash accepted at registration or 16th or 17th March.

General Information:

Drink stations/toilets/St John are at the start area and along the course. Parking is at junction Baldrock Rd & Pakeho Rd. No animals. Under 15s to be accompanied by an adult. Always follow marshal’s instructions. No refunds.

Preferably no entries on the day. Pushchairs only allowed on 5km course. Appropriate footwear to be worn.

11:30am Children’s Bike Race begins.

Prizegiving is at the Kaiwaka Sports Complex. You must be present to collect your prize.

Name(s) of entrants: _____

Email address: _____ Mobile #: _____

Event:	Event fee:
<input type="checkbox"/> 5 km run or walk	<input type="checkbox"/> \$25 adult & \$10 child (under 15). <i>Pre-schoolers free.</i>
<input type="checkbox"/> 10 km run or walk	<input type="checkbox"/> \$25 adult & \$10 child (under 15). <i>Not suitable for pre-schoolers.</i>
<input type="checkbox"/> Fun bike ride for Under 11 yr olds	Free
<input type="checkbox"/> \$60 Family - 2 adults and 2 or 3 children	

Total: \$ _____

I declare that I understand that there are risks involved and I realise the dangers in an event such as this. I fully assume the risks of participation. I understand and agree that situations may arise beyond the control of the Kaiwaka Sports Association, and I agree to participate as to not endanger myself or others.

I consent to receiving necessary medical assistance from St John. I agree to not hold the Kaiwaka Sports Association for any liability whether or not by negligence by any loss, injury or death sustained by me or my group. I authorise my image and voice to be used without payment in any media pursuant to the Privacy Act 1993. I agree to comply with all rules and instructions. I am authorised to sign this on behalf of all participants, and I have made them aware of these conditions.

Sign Date