**DATE:** Friday, 25th February 2022

**TITLE:** Event Register

**AREA:** Pathways

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| --- | --- | --- | --- |
| **Event Date:** |  | **Event Discipline:** |  |
| **Event Name:** |  | **Event Host:** |  |
| **Event Location:** |  | | |
| **Event Contact:** |  | **Position:** |  |
| **Phone:** |  | **Email:** |  |

**I have read, understood, acknowledge and agree to the Event Declaration and Waiver   
including the warning, exclusion of liability, release and indemnity.**

**If the entrant is under 18 years of age, this form must be signed by their parent/guardian.**

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| **Name:** | **Phone:** | **Email:** | **Signature:** |
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