



2025 Pressio Mount Festival Half Marathon Young Entrants Application

<u>Participant Name:</u>	
<u>Participant Age:</u>	
<u>10km/21km:</u>	

As the participant is under 18, I am their legal guardian/caregiver and am consenting on their behalf that they are physically capable of competing in the event and I agree to the Terms and Conditions.

<u>Parent/Guardian Name:</u>	
<u>Parent/Guardian Signature:</u>	

<p>In the unlikely event of you requiring medical attention on the day of the event, do you have any medical conditions that our medical team should be aware of?</p>	<input type="checkbox"/> Asthma <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Diabetes (Non-Insulin Dependent) <input type="checkbox"/> Vision Impaired <input type="checkbox"/> Epilepsy <input type="checkbox"/> Any known allergies to medicine: _____ <input type="checkbox"/> N/A	
	<table border="1"> <tr> <td style="background-color: #1a4a73; color: white; vertical-align: top;">Other:</td> <td></td> </tr> </table>	Other:
Other:		