

# Registration Form

OR REGISTER ONLINE: [smiddyfunrun.org.au](http://smiddyfunrun.org.au)

2019 celebrates the 14th anniversary of the Smiddy Fun Run – held at the PA Hospital in memory of staff member Adam Smiddy.

The run celebrates Adam's sporting spirit for life and raises awareness and funds for skin cancer research at the PA Hospital – home to the discovery of the world's first cancer vaccine.

**THURSDAY 7 NOVEMBER 2019**

Registration – 5.30am

Warm up – 6.00am

**EVENT START – 6.15am**

Princess Alexandra Hospital, Russell Strong Courtyard  
Lower Ground Building 1, 199 Ipswich Road,  
Woolloongabba QLD 4102

2.5km  
WALK

5km  
RUN

**PRIZES FOR TOP  
FUNDRAISER  
AND 1ST, 2ND  
& 3RD PLACE  
RUNNERS.  
ALL FITNESS  
LEVELS WELCOME!**

Register  
as a team or  
an individual

All participants  
receive a big  
healthy breakfast  
to re-energize  
after the race!

Please return this form to: PA Research Foundation, 199 Ipswich Road, Woolloongabba QLD 4102 or email: [general@pafoundation.org.au](mailto:general@pafoundation.org.au)

Name: ..... Phone: .....

Address: .....

Email: (ONE EMAIL REQUIRED PER PARTICIPANT): .....

Date of Birth: ..... Are you PAH Staff? (Y/N) ..... Are you a PAH Physio? (Y/N) .....

## 1) REGISTRATION ON THE DAY ONLY

2.5km Walk (15 & u w/- guardian)  \$45

5km Run (Ages 16 & over)  \$45

OFFICE USE:

DATE RECEIVED: ..... INITIALS: .....

## 2) WAIVER AND RELEASE OF LIABILITY – Please read and sign

In consideration of this entry being accepted, I the undersigned, intend to be legally bound hereby for myself, heirs, executors and administrators, waive and release the organisers and their representatives of any injury or illness which may directly or indirectly result from my participation in the event. I further verify that I am in proper physical condition to participate. I hereby consent to the collection and use of photography or video recordings of me for the use of PA Research Foundation's print and online marketing materials.

Please list any medical conditions: .....

Signature of entrant: .....

To be signed by parent or guardian for entrants under the age of 16.

## 3) TEAM NAME

Team Name (if registering a team): .....

## 4) EMERGENCY CONTACT

Name: ..... Phone: .....

## 5) PAYMENT OPTIONS

Yes! I would like to make a donation to the PA Research Foundation to support skin cancer research \$.....

Cash  Card (please attach eftpos receipt) Registration \$ ..... Total Amount \$.....

Card Number: ..... Expiry Date: ..... CVV: .....

Cardholder's Name: .....

Cardholder's Signature: ..... office use only: DATE RECEIVED ..... INITIALS: .....