

ENTRY FORM



PRESENTED BY THE DISABLED ROAD RACE FOUNDATION

Please note: This form is for athletes only. **Entries close on 6 February 2026.**

ATHLETE INFORMATION

Surname	<input type="text"/>
First Names	<input type="text"/>
ID Number	<input type="text"/>
Postal Address	<input type="text"/>
Town	<input type="text"/>
Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Cell Number or Landline	<input type="text"/>
Group/Sport Club	<input type="text"/>
Medical Aid Name	<input type="text"/>
Medical Aid Number	<input type="text"/>
Emergency Contact Person (Name and Number)	<input type="text"/>
Allergies	<input type="text"/>

RULES

1. The race is subject to the rules of ASA, ASWDRAA, IPC, IAAF, ISMWSF and IWAS
2. You must obey the marshals, traffic officers and officials at all times
3. No cyclist or private vehicle will be allowed on the routes
4. All the athletes must wear temporary licences
5. Age restrictions:
 - a. Racing Wheelchairs: 21 km and 42 km - 15 years or older
 - b. Hand cyclist: 21 km and 42 km - 15 years or older
6. The entry fee will not be returned unless the organisers reject the entry
7. Helpers are not permitted to run with the chairs
8. Cut-off time: 3 hours
9. Athletes in the 42.2 km, 21.1 km and 10 km MUST wear crash helmets

INDEMNITY AND WAIVER

Participants in the Outeniqua Chair Challenge and related activities ("the Event") acknowledge that although all precautions have been taken by the organising body, there might be dangers inherent in the participation in the event.

Participants voluntarily assume such risks and waive all claims of whatsoever nature and howsoever arising in relation in the event against any parties, including but not limited to the organising body, sponsors, advertisers, local authorities, directors, employees and suppliers of those parties and any individual, official, marshal or agent ("the Parties").

Participants irrevocably indemnify the Parties against any liability and claims of any nature whatsoever and however arising (whether directly or indirectly, whether from negligence, albeit, gross and/or from involvement in a passage to or from the event, including but not limited to liability for delay, inconvenience, accident, death, injury, illness to their person or, loss or damage of property, or cost and expense sustained, incurred or put to by participants, and stroke/or by any minor children under the care or control of participants.

Parents or guardians authorising a minor's participation in the event hereby agreed for such a minor to be bound to the forgoing and further indemnify the parties to the extent, if any, to which such minor is not capable of waiving his/her rights as stipulated above.

I hereby acknowledge that I have read and fully understand and, agree to the above-mentioned indemnity waiver.



SIGNATURE PARTICIPANT (Parent/Guardian if under age)

Date

RACE COMPETITOR PARTICULARS

This section must only be completed by 42.2 km, 21.1 km and 10 km athletes. You can only enter ONE race. Please tick all relevant boxes.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<hr/>			
<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Quadriplegic	<input type="checkbox"/> Cerebral Palsy	
<hr/>			
<input type="checkbox"/> Racing chair	<input type="checkbox"/> Hand cycle	<input type="checkbox"/> Basketball chair	
<hr/>			
<input type="checkbox"/> 42.2 km (R100)	<input type="checkbox"/> 21.1 km (R80)	<input type="checkbox"/> 10 km (R60)	
<hr/>			
<input type="checkbox"/> T51 / T52	<input type="checkbox"/> H1 / H2		
<hr/>			
<input type="checkbox"/> T53 / T54			

FUN EVENT

This section must be completed by those participating in this event. Please note: No wheelchairs available. Please bring your own.

I will be participating in this 5km event (**R50**)

Are you bringing someone to push you? Yes No

PRESENT YOUR ID DOCUMENT AT THE EVENT REGISTRATION ON 20 FEBRUARY 2026 FROM 11:00 – 18:00

BANKING DETAILS

Account name: DISABLED ROAD RACE FOUNDATION
Branch: Nedbank George
Account Number: 250 603 1006
Branch code: 150 605 / 109 114
Account type: Savings account

Please fax a deposit slip directly to +27 (0) 86 679 1603 with attention Alewijn, or email dyndev@mweb.co.za.

Entry forms can be found at www.outeniquachairchallenge.co.za. We recommend that you enter online at www.onlines.co.za.