



# CREATING SMILES FOR NAMIBIAN CHILDREN



**6 JULY 2024**

**CITY OF WINDHOEK**

**START: 08:30 for 09:00**

## PERSONAL DETAILS

Surname

First Name(s)

Male/Female

ID Number

Date of Birth

Postal Address

## CONTACT DETAILS

Home Telephone

Office Telephone

Cell Phone Number

Email Address

## MEDICAL AND OTHER DETAILS

Medical Aid Name

Medical Aid No

Emergency Contact Person

Emergency Contact No

## COST OF AWARENESS WALK

**N\$ 50.00 per person**

**Kids under 12 years of age are free**

## BANKING DETAILS

NAMPHARM FOUNDATION TRUST

First National Bank

Account Number 62272380545

Branch Code 28-18-72

## PAYTODAY

Nampharm Foundation

## RELEASE AND WAIVER

My consideration of the acceptance of entry, I for myself, my executors, heirs, administrators and assigns do hereby release and discharge the organizers and all sponsors, any and all volunteer groups, all medical personnel, any and all local authorities from claim for injuries, damage or property loss I may suffer caused by negligence of any of them and arising out of my participation in this event, including pre and post walk activities. I am physically fit and sufficiently trained to participate in this event and assume all risks for this participation. I also grant permission to the organizers to use my name, photography, videotapes or broadcast of this event free of charge. Children under the age of 12 must be accompanied by an adult. I have read and understand the rules, guidelines and information and agree to abide by them.

**NAME:**

**DATE:**

**SIGNATURE:**

**PARTICIPANT'S NUMBER (for office use):**