



APB WORLD TOUR



WEST BEACH WARFARE PORT ALFRED SOUTH AFRICA 31 MARCH – 2RD APRIL 2018 MENS 1 STAR EVENT

ENTRY FEE: R 200 AND APB SOUTH AFRICA AFFILIATION FEE: R 200

ENTRY CLOSING: 24 MARCH 17:00

CHECK IN: 30 MARCH 2018, VENUE TO BE ADVISED

EMAIL ENTRY FORM TO: Karlliebenberg75@gmail.com (0848700032)

FOR ANY CONTEST INFO: clinton@multisecurity.co.za (0824941680)

NAMES _____

ADDRESS _____

ZIPCODE _____ CITY _____ COUNTRY _____

AGE _____ TELEPHONE _____ EMAIL _____

DATE OF BIRTH _____ RANKING POSITION 2017 APB/SABA _____

PAYMENT DETAILS: ACC NAME: EPBA, FNB BANK, BRANCH CODE 250655,
ACCOUNT NUMBER 62615232197 (EMAIL PROOF OF PAYMENT AND ENTRY)

Rules: I agree to abide by the general competition Rules of APB/SSA and SABA. I acknowledge that I have reviewed and understand all these rules and regulations and understand that any violation of thereof, or any unsportsmanlike conduct, may result in a penalty being imposed on me by APB/SSA which may take the form of a warning, a fine, or immediate disqualification from the EVENT. I agree to conduct myself in a professional sportsmanlike manner prior to, during, and after the EVENT and while I am in the vicinity of the EVENT. I will not engage in any surfing activity near the contest area during the EVENT, unless authorised to do so by APB. I also agree to compete and appear in competition attire provided by the Sponsors from time of issue until completion of the EVENT as well as during awards presentations. In addition, I cede to APB, SSA, the Promoters of the EVENT, the Sponsors of the EVENT, or their respective nominees, the exclusive commercial use of all photographs and photographic reproductions, television broadcast and motion pictures taken of me during or in connection with the EVENT, and whether in or out of the water.

Indemnity and Assumption of Risk: I acknowledge and confirm that I am familiar with all hazards that may exist in connection with my participation in any and all activities in both the sea and on the shore related to the event. I confirm that I voluntarily participate in these activities with knowledge of those hazards. I voluntarily assume the risk of any injury, death or loss of property that I may sustain in connection with my participating in the EVENT, and hereby fully indemnify, release and forever discharge APB, and their respective officials, the Promoters and Sponsors of the EVENT, the City, Municipality and Province and where applicable, their respective agents and employees, from all claims, damages, actions, suits or judgments that may result from any cause whatsoever sustained or incurred by me whilst participating in or in connection with the EVENT.

Knowing and Voluntary Execution: I have carefully read this agreement and fully understand its contents. I sign this agreement of my own free will.

APPLICANT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE (If you are under 21) _____