



## Babinda Boulders Fun Run Entry Form

**BEFORE COMPLETING THIS FORM PLEASE READ AND SIGN THE PARTICIPANT'S AGREEMENT**

(If you are under 18 please ensure your parent or guardian reads and signs it.)

Date: **04 / 06 / 2011**

|  |  |                                    |
|--|--|------------------------------------|
| <b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  | <b>Volunteer:</b> <input type="checkbox"/> | <b>Office Use Only</b>             |
| <b>TICK ONE BOX:</b>   |  |                                    |
| <b>Note: age as at 31 December 2011</b> (NOT your age today)   |  |                                    |
| <input type="checkbox"/> Senior (19+) Member \$5 <input type="checkbox"/> Senior Non Member \$5<br><input type="checkbox"/> Junior (under 19) Member \$0 <input type="checkbox"/> Junior Non Member \$0<br><input type="checkbox"/> Super Senior (70+) Member \$0 <input type="checkbox"/> Super Senior Non Member \$0 |  |                                    |
| (please fill in a separate entry form for each family member)  |  |                                    |
| <b>TICK ONE BOX:</b>   |  |                                    |
| <b>Note: age as at 31 December 2011</b> (NOT your age today)   |  |                                    |
| <b>3K <input type="checkbox"/> or 12K <input type="checkbox"/></b>   |  |                                    |
| <input type="checkbox"/> U12 yrs   | <input type="checkbox"/> 12-15 yrs         | <input type="checkbox"/> 16-18 yrs |
| <input type="checkbox"/> 19-29 yrs   | <input type="checkbox"/> 30-39 yrs         | <input type="checkbox"/> 40-49 yrs |
| <input type="checkbox"/> 50-59 yrs   | <input type="checkbox"/> 60-69 yrs         | <input type="checkbox"/> 70+ yrs   |

**Participant Details** (please print clearly):

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <b>Name</b>   |  | <b>Race number for today's race:</b> |  |
| <i>Members: If your information has changed, please record it below.</i>                |  |                                      |  |
| <i>Non-members: For insurance purposes you must complete the following information.</i> |  |                                      |  |
| <b>Birthday</b> (dd/mm/yyyy)  |  |                                      |  |
| <b>Email</b> (please print clearly)   |  |                                      |  |
| <b>Postal Address</b>   |  |                                      |  |
| <b>Phone / Mobile</b>   |  |                                      |  |

|                                 |                               |                    |                 |
|---------------------------------|-------------------------------|--------------------|-----------------|
| <b>Office Use Only</b>          |                               |                    |                 |
| <input type="checkbox"/> Signed | <input type="checkbox"/> Paid | Race Number: _____ | Initials: _____ |



## PARTICIPANT'S AGREEMENT

WARNING: This is a legal document that affects your rights.

1. I acknowledge that participation in this event involves the real risk of serious injury or even death from various causes including overexertion, equipment failure, dehydration, accidents with other participants, spectators or road users, course or weather conditions and other causes.
2. I understand that I should not participate in these events unless I have trained appropriately and a medical practitioner has verified my physical condition.
3. By participating in club activities, I accept all risks necessarily flowing from my participation, which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in these events. This release shall extend to and include Athletics North Queensland, Athletics Australia, Cairns Road Runners and Triathlon Club, and their respective directors, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the events, the owners, licensees and occupiers of land upon which the events or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the events in any manner whatsoever and promoters, sponsors and event organisers. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.
4. I consent to receiving any medical treatment including ambulance transportation that the event organisers think desirable during or after the event.
5. I consent to event organisers using my name, image and likeness before, during or after the event for event promotional broadcasting or reporting purposes in any media.
6. I understand that compulsory insurance cover affected for participants in these events may not cover me for any or all injury, loss or damage sustained by me.
7. Safety precautions undertaken by organisers (such as course supervision and race safety briefings) are a service to me and other competitors but are not a guarantee of safety.
8. I am fully responsible for the security of my personal possessions at the events.
9. My registration is not transferable to other people. If I am unable to compete, or if the event is cancelled by way of circumstances beyond the control of the event directors, my registration fee is non-refundable.
10. I have listed below my medical or physical conditions from which I suffer that might affect my performance or be relevant. I accept the risk of participating, despite these conditions.
11. I agree to abide by all event rules and directions issued by the event organiser.
12. Event organisers may change the event format, course or other event conditions at their discretion. If that occurs, this agreement applies to the changed conditions.
13. I hereby agree to allow my photograph(s) to be used on the Road Runners website and in any Road Runners publications.

Medical conditions (see item 10) \_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANT NAME:** \_\_\_\_\_

**I certify that I am 18 years or older and I have read this document and fully understand it. I indemnify and will keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.**

### **INDIVIDUAL**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**As a parent or guardian of the participant(s)- I agree to the above for myself and on behalf of my child or ward. I indemnify and will keep indemnified all people and corporations associated with the conduct of the event on the terms referred to.**

### **PARENT/GUARDIAN**

Signature \_\_\_\_\_ Date: \_\_\_\_\_