

ENTRY FORM



Personal Details:

NAME: M / F AGE:

ADDRESS:

p/c PHONE:

EMAIL:

CATEGORY:

EVENT: please circle.

<input type="checkbox"/> M.U12	<input type="checkbox"/> F.U12	RACE 1 (24th April)	2km	5km	10km
<input type="checkbox"/> M13-19	<input type="checkbox"/> F13-19	RACE 2 (29th May)	2km	5km	10km
<input type="checkbox"/> M20-29	<input type="checkbox"/> F20-29	RACE 3 (26th June)	2km	5km	10km
<input type="checkbox"/> M30-39	<input type="checkbox"/> F30-39	RACE 4 (31st July)	2km	5km	10km
<input type="checkbox"/> M40-49	<input type="checkbox"/> F40-49	RACE 5 (28th Aug)	2km	5km	10km
<input type="checkbox"/> M50-59	<input type="checkbox"/> F50-59				
<input type="checkbox"/> M60+	<input type="checkbox"/> F60+				

INDEMNITY

WARNING: This is a legal document that affects your rights

This form is not transferable. It is only valid for the person/s whose name appears above.
I/we agree that whilst engaged in any of the activities of Team Ascent Sports Pty Ltd I/we do so at my/our own risk.
In consideration of acceptance of membership, I/we, my/our heirs, executors and administrators hereby waive all and any claim, right or cause of action which I/we or they might otherwise have for or arising out of loss of life or injury, damage or loss of any description whatsoever which I/we or others may suffer or sustain in the course of or consequent upon my/our participation in any Team Ascent Sports Pty Ltd activities.
This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promotions or staging of said activities and the servants, agents, representatives and officers of any of them, and include but is not limited to the organising committee, medical, paramedical practitioners and personnel, police officers and volunteers and shall so operate whether or not the loss, injury or damage is attributed to the act or neglect of any or more of them.
I/we agree to abide by any rules/directions as given by Team Ascent or Athletics Australia and will accept the organiser's decision as final.
I/we declare that I/we will not participate in any club event or training session unless I/we have prepared appropriately and am medically fit.
If I am 17y/o or younger at the date of this declaration, I have the consent of my parents/guardian whose signature also appears on this declaration.
I agree that my personal details may be kept on a computerised retrieval system and that my address and telephone numbers may be given to other club members or Athletics Australia administrators.
I/we agree that Team Ascent may use any photos taken of me/us during any organised event / training session in the newsletter and web site or other publicity purposes.
I/we certify that I/we have read this document and fully understand it.

PLEASE NOTE THAT ENTERING THIS EVENT DOES NOT PROVIDE YOU WITH INDIVIDUAL PERSONAL INSURANCE COVER. Injury, medical, death, income and public liability insurance can be obtained through organisations such as Athletics Australia and Triathlon Australia. Please make your own enquiries and satisfy yourself as to whether that insurance is adequate for your needs.

SIGNATURES:

Parent / Guardian if U17:

Date: / / 2010

COST: 2km - \$8

(Enter the whole series for a 10% discount)

5km - \$13

10km - \$20

2km series = \$36
5km series = \$58.50
10km series = \$90
Family series = \$225

***Please note: a late fee of \$5 will apply to all entries received after the Wednesday before each event.

***Family entry - \$50. Must be entering at the same time.

Payment Details:

Cheque Visa Bankcard Mastercard
(payable to Team Ascent)

Name on card: _____

Card Number: _____ / _____ / _____ / _____ Expiry: /

Payment Amount: \$ Signed: _____

Please send payment with completed entry form to:

Cartwright Challenge Series
PO Box 1956, Sunshine Plaza, 4558
OR email scanned copy with credit card
details to manager@team-ascent.com.au

...with perseverance