

ENTRY FORM



Sat 6th March

Personal Details:

NAME: M / F AGE:

ADDRESS:

p/c PHONE:

EMAIL:

EVENT: SANDCASTLE COMP TEAM MEMBERS: _____

BEACH VOLLEYBALL TEAM MEMBERS: _____

STRONGMAN / WOMAN TEAM MEMBERS: _____

JUNIOR (U16) OPEN (17+)

DASH FOR CASH TINY TOTS (10 & under) JUNIOR (16 & under) OPEN (17 & older)

3KM FUN RUN

AGE GP MILE CATEGORY: A M.U15 D M30-M39 G F.U15 J F30-F39

B M16-M19 E M40-M49 H F16-F19 K F40-F49

C M20-M29 F M50+ I F20-F29 L F50+

ELITE MILE M ELITE FEMALE (5:00m 1500m qualif) N ELITE MALE (4:40m 1500m qualif)

COST:	Sandcastle comp	\$12 /family	Beach Volleyball	\$40 / team	Strongman Jnr	\$20 / team
	Dash for Cash	\$10 (\$6 U10)	3km Fun Run	\$10 (\$25 family)		
	Age Gp Mile	\$10	Elite Mile	\$20	Strongman Open	\$30 / team

****PLEASE NOTE: ALL MAIL ENTRIES MUST BE RECEIVED BY LAST MAIL FRIDAY 26TH FEBRUARY.**

1 MILE TEAM ENTRY:

Corporate Team entry (please tick)
 Sporting Team entry
 School Team entry
 Emergency / Medical Team entry

Name of team _____

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.
By entering this event, you consent to your personal information being provided to Athletics Australia Ltd and Queensland Athletics Inc. for the purpose of registering you as a recreational running class of member of Queensland Athletics and for administering the Running Australia program. You further consent to receiving information (including via email) about the Running Australia program from Athletics Australia and Queensland Athletics, including details of other events and special offers or promotions.
If you DO NOT consent to your personal information being disclosed and used or receiving information about the Running Australia program please tick this box
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

Payment Details:

Cheque Visa Bankcard Mastercard
(payable to Team Ascent)

Name on card: _____

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

Signed: _____

COST OF EVENT \$

(OPTIONAL) Suggested \$5 donation to the

National Muscular Dystrophy Research Centre \$

Please send payment with completed entry form to:

Mooloolaba Mile Entries
PO Box 1956, Sunshine Plaza, 4558

OR email scanned copy with credit details to: manager@team-ascent.com.au

TOTAL COST \$