



DUBBO TRIATHLON CLUB Inc

RACE SERIES AND MEMBERSHIP APPLICATION

2011/2012

Including Indemnity Declaration

I am competing as a Senior Male

I am competing as a Junior Male

I am competing as a Senior Female

I am competing as a Junior Female

LAST NAME (Family Name)

FIRST NAME

RESIDENTIAL ADDRESS

POSTAL ADDRESS (if different from above)

CITY

HOME PHONE _____

WORK PHONE _____

MOBILE PHONE _____

EMAIL ADDRESS _____

Correspondence from the club will generally be distributed by email. Would you prefer to get correspondence by postal mail YES/NO

EMERGENCY CONTACT PERSON AND PHONE NUMBER

Triathlon NSW Race Licence Number _____

DUBBO TRIATHLON CLUB Inc
2011/2012 INDEMNITY FORM

Participant's Agreement

Must be signed by all competitors (for competitors under 18, a parent or guardian must sign)

WARNING: This is a legal document that affects your rights

I agree to compete in this event on the following basis:

1. I acknowledge that competitive triathlon involves the real risk of injury or even death from various causes including over exertion, equipment failure, dehydration, accidents with other competitors, spectators or road users, and course or weather conditions to name a few.
2. I understand that I should not compete in this event unless I have trained appropriately and a medical practitioner has verified my physical condition.
3. By competing, I accept all risks necessarily flowing from my participation that could result in loss of life or permanent injury. Accordingly, I realise all people associated with the conduct of the event from, and will indemnify them against all liability (including liability for their negligence) for all injury, loss or damage arising out of or connected with my participation in this event. For clarification, the people released include event organisers, promoters, sponsors, managers, Triathlon Australia Limited, its members state and territory triathlon associations and all of their respective directors, officers, employees, agents, contractors and volunteers including event medical and paramedical personnel. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.
4. I consent to receiving any medical treatment that event organisers think desirable during or after the event.
5. I consent to event organisers using my name, image and likeness, before 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 this event may not cover me for all injury, loss or damage sustained by me.
7. Safety precautions undertaken by organiser (such as course supervision, race safety briefings, bicycle and helmet safety checks) 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 event.
9. My registration is not transferable to other people. If I am unable to compete, or if the event is cancelled, my registration fee is non refundable.
10. I have attached to my entry form details of any medical or physical conditions from which I suffer that might affect my performance or be relevant if medical treatment is needed.
11. I agree to abide by all race rules and directions issued by the event organiser.
12. I certify that I am 18 years of age or older and have read this document and fully understand it.

Signature..... Date / /

Medical
Conditions.....
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Declaration by Parent or Guardian

As parent or guardian of the competitor:

I agree to the above for myself and on behalf of my child. I indemnify and will keep indemnified all people associated with the conduct of the event on the terms referred to above.

Parent/Guardian Signature..... Date / /