

Please complete the entry form and return with payment

CHARLEVILLE TRIATHLON - OFFICIAL ENTRY FORM

Individual							
	First Name	Surname	DOB	Age @ 4/3/18	Postcode	Contact No.	Email:

Age Group (calculated @ 4/3/18) please circle:

Children Individual: 6 & Under male/6 & Under female 7-9 male/7-9 female 10-12 male/7-9 female 13-15 male/13-15 female

Adult Open Individual male/ Adult Open Individual female

Adult Mini Individual male/ Adult Mini Individual female

Team

Teams can nominate a competition name here:

Please Circle	Kids Team	Adult Mini Team	Adult Open Team				
LEG	First Name	Surname	DOB	Age @ 4/3/18	Postcode	Contact No.	Email:
Swim							
Bike							
Run							

OPTIONS FOR PAYMENT

MAIL: Complete all details and send form, with payment to the, Charleville Local Ambulance Committee, PO Box 48. Charleville Qld 4470 Please make all cheques payable to **Charleville Local Ambulance Committee.**

DROP IN: Entry forms along with payment can be dropped into either Robert Eckel Repairs or the Charleville Pool.

ELECTRONIC: Nominations can be completed online or emailed to charlevilletriathlon@gmail.com with payment made on the day or transfer to **QAS Charleville Ambulance Committee BSB 064 407 Account number 00050390.** Please ensure if transfer is being made that this has cleared by the 4/3/18 or proof of transfer would be appreciated on the day. Please use the competitors name as a reference.

Early entries before the day of the event would be appreciated.

ENTRY FEE PAID: \$..... Signature

WAIVER, RELEASE AND ACKNOWLEDGEMENT (MUST BE SIGNED BY PARENT/GUARDIAN OF PARTICIPATING ATHLETE)

* WARNING: this is a legal document which affects your rights.*

1. I, whose signature appears on the bottom hereof in consideration and as condition of acceptance of my child's entry in the Charleville Local Ambulance Committee Triathlon for myself, my heirs, executors and administrators, hereby waive all and any claim, right of cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever, which they may suffer or sustain in the course of or consequent of my entry or participation in the above race, they will abide by the Race Rules governing these events.

2. This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promoting or staging of the event and the servants agents representatives and officers of any of them and includes, but is not limited to Charleville Local Ambulance Committee Triathlon Event Sponsors, Directors, Volunteers and Shire Council.

3. I attest that my child is physically fit and has sufficiently trained for completion of the entered race.

4. I consent to my child receiving medical treatment, which may be advisable in the event of illness or injuries suffered by them during this event.

5. I give permission for the free use of my child's name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event.

6. Should the event be cancelled for any reason whatsoever I understand that entry fees will not be refunded and that no liability of any kind will attach to any person, corporation or body involved of otherwise engaged in promoting or staging of this event. I agree to abide by the conditions of the event as stated in the declaration above and upon literature and other material distributed in connection with the event.

No.	Parent /Guardian Name	Parent / Guardian Signature:	Date:
1			
2			
3			