

OFFICIAL ENTRY FORM

Please photocopy this entry form if you require a tax invoice. TriEvents WA ABN 34 085 230 548

A: PO Box 1960 OSBORNE PARK WA 6916 P: 08 9244 5200 F: 08 92041877 E: info@trievents.com.au W: www.trievents.com.au

Personal Information

Surname: _____

First Name: _____

Date of Birth: ____/____/____ Gender: M / F

Address: _____

Suburb: _____ Post: _____

Email: _____

Phone Number/Mobile: _____

Emergency / Medical Details

Emergency Contact Person: _____

Phone Number: _____

Do you currently suffer from any medical conditions?

Y / N ; If yes, please detail: _____

Are you currently taking medication? Y / N

If yes, please detail: _____

PARTICIPANTS AGREEMENT WARNING: This is a legal document that affects your rights. 1) I acknowledge that this event involves the real risk of serious injury or even death from various causes including over exertion, drowning, dehydration, accidents with other competitors, marine life or other water users, vehicles or other road users, general public, course or weather conditions and other causes. 2) I understand that I should not compete in this event unless I have trained appropriately and my physical condition has been verified by a medical practitioner. 3) By competing, 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 this event. This release shall extend to and include TriEvents WA, Triathlon Western Australia, Triathlon Australia Inc and/or any other sponsors and their respective directors, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupiers of land upon which the event 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 event in any matter whatsoever and promoters, sponsors and event organisers. This release and indemnity continues forever and binds my heirs, executors, personal representative and assigns. 4) I consent to receiving any medical treatment, including ambulance transportation, which the event organisers think desirable during or after the event. 5) I consent to event organisers using my name, image and likeness before, during and after the event for event promotional broadcasting or reporting purposes in the media. 6) I understand that compulsory insurance cover effected for participants in this event may not cover me for all injury, loss or damage sustained by me. 7) Safety precautions undertaken by organisers (such as course supervision, race safety briefings, encouragement to wear personal distress units) are a service to me and other competitors but are not 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 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 if medical treatment is needed. 11) I agree to abide by all race rules and directions issued by TriEvents WA and any other event organisers. 12) Event organisers may change the event format, course or other race conditions at their discretion. If that occurs, this agreement applies to the changed conditions. 13) If the event is cancelled due to flood, cyclone, torrential rains or other acts of God conditions, I understand that entry fee will not be refunded. 14) I understand that TriEvents may retain my personal details for marketing purposes and may provide this information to sponsors of this event. 15) I acknowledge that the race timing band remains the property of Bluechip Timing. I agree to pay \$40 should I not return my timing band to Bluechip Timing. I certify that I am 18 years of age or older and have read this document and fully understand it. In the event that I am under 18 years of age, my parent/guardian has read this document and fully understands it.

Medical Conditions must be mentioned above under Medical Details on this form.

Signature of Participant (If Under 18, Parent / Guardian Signature)

Race Details & Entry Fees

1. Event: Race Pursuit \$75
 Enticer \$60
 Junior Pursuit* # \$60
 Junior Enticer** \$45

2. Race (s): Race 1 Hillarys #1
 Race 2 City of Armadale
 Race 3 City of Perth
(+ \$30 for Pursuit Race)
 Race 4 City of Rockingham
 Race 5 Hillarys #2

3. Membership: I am a member of Tri WA
Membership No _____
(Number must be provided on form - TBC will not be accepted)

I am not a member of Tri WA and am paying for a day licence:

(Per Event)
Day License Pursuit \$11
Day License Pursuit - City of Perth Race \$21
Day License Enticer \$6

*Junior is applicable to Under 20 Age groups. Minimum Age for Pursuit Distance is 14 and is taken on before 31st December 2011.

#Junior 14 yrs of age will not be allowed to compete in the City of Perth Triathlon Pursuit Race; 14 & 15's racing for State Series Points will compete in an extended enticer race at the City of Perth Triathlon.

**Junior is applicable to Under 20 Age groups. Minimum Age for Enticer Distance is 12 and is taken on before 31st December 2011

Race Category

Please tick your category:

Junior Enticer: 12-13 14-15 16-19
Junior Pursuit: U16 (14 & 15) 16-19

Enticer:
20-29 30-39 40-49
50-59 60-69 70-79

Pursuit:
Open 20-24 25-29 30-34
35-39 40-44 45-49 50-54
55-59 60-64 65-69 70-74
75-79

Payment Details

Total Payment Amount: \$ _____

Payment: Cheque Credit Money Order

Credit Card Details:

Type: Visa Mastercard

Card No: _____ Exp: ____/____

Card Holder Name _____

Signature: _____