

## ACCOMPANYING PARENT DETAILS (2km JUNIOR DASH)

### CHILDS DETAILS

Name: \_\_\_\_\_ Bib #: \_\_\_\_\_

### ACCOMPANYING PARENT/GUARDIAN DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to Competing Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) Gender: Male ☐ Female ☐

Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### INDEMNITY & RELEASE AGREEMENT

- 1.a. I acknowledge that I have read and understand this Indemnity and Release and agree to be bound by it.
- 1.b. I certify that if I am acting as an agent of the competitor who will be participating in the Event and in consideration of the Event Organiser accepting the competitor's application to participate in the Event, I have the authority and do grant an indemnity to the organiser on behalf of each individual competitor.
2. I acknowledge that by submitting an entry application form and participating in the Event (whether one or more of the Gold Coast Airport Marathon, Wheelchair Marathon, Half Marathon, Wheelchair 15km, 10km Run, 5.7km Challenge, Junior Dash and related activities) may involve real risks including but not limited to serious injury or even death from various causes including over exertion, dehydration and accidents with other participants, spectators or road users. I voluntarily assume all risks associated with my entry application and participation in the Event or any activity associated with it. I consent to receiving any medical treatment that Event Organisers think necessary during or after the event.
3. I, the undersigned, in consideration of and as a condition of acceptance of my entry in the Event for myself, my executors, administrators, heirs, next of kin, successors and assigns, release the Event Organiser, officers, its agents, affiliates, employees, members, volunteers, sponsors, promoters and any person or other body directly or indirectly associated with the Event, from all claims, demands and proceedings arising out of or in connection with my participation in the Event and I indemnify them against all liability (including acts of negligence to the fullest extent permitted by law) whatsoever and howsoever caused arising as a result of or in connection with my participation in the Event including any loss whatsoever of personal property or otherwise.
4. I will abide by the Event rules and timelines, as varied from time to time and will abide by directions given by Event officials and accept the Event Organiser has discretion to accept or decline an entry on whatever grounds.
5. I acknowledge that the entry fee I have paid (for myself or another person) in relation to the Event may entitle me (or that other person) to the opportunity to participate in the Event on 4 July and 5 July 2015 and to receive any entitlements upon completion of the Event
6. I acknowledge that I am not (and no other person is) entitled to a refund or credit of any nature in relation to the entry fee(s) and/or ancillary items I have paid (for myself or another person), for any reason whatsoever, or in any circumstances, unless and to the extent that the Event Organiser is required to provide a refund or payment at law.
7. I acknowledge that the Event Organiser is entitled to deduct administrative, legal, operational and other costs from any amount (if any) I would be entitled to receive by way of refund (if payable at law).
8. I accept the Event Organiser may at their absolute discretion, limit the number of entries in an event for risk management purposes. Should my entry be received and rejected after an introduced limit has been reached, I shall be entitled to a full refund of my entry fees only and have no other claims.
9. The Event Organiser stages this event to benefit the sport of athletics with the assistance of Athletics Australia (AA). The Event Organiser collects information from all participants and has agreed to provide this information to AA as a condition of entry into each event.
10. I consent to my details being disclosed to parties necessary in the conduct of the event, medical officials during treatment and official charities for purposes of issuing Tax Invoices.
11. I consent to the publication and/or use in any form of media whatsoever of my name, image, voice, results, statements or otherwise, without payment or compensation and agree that I will reasonably expect to receive marketing material, such as SMS, email and entry forms, from Tourism and Events Queensland and sponsors regarding its events.

### INDEMNITY AND RELEASE ACCEPTANCE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_