

ENTRY FORM & TAX INVOICE

Event Strategies Pty Ltd ABN: 66 094 065 362

Please complete all details in BLOCK CAPITALS, & forward to Event Strategies. See information page for delivery options.

If you need a Tax Invoice, please copy this form before sending.

INDIVIDUAL ENTRANTS

LAST NAME:		FIRST NAME:		SEX: M/F
ADDRESS:			STATE:	PC:
AH PHONE:	E-MAIL: Please go to www.eventstrategies.com.au & join our email list		DOB: / /	AGE: on 31/12/09
TA MEMBERSHIP NO: If applicable	TRI CLUB or SLSC: If applicable			ES No:

RELAY TEAMS

RELAY COORDINATOR:				
ADDRESS:				
STATE:	PC:	AH PHONE:	E-MAIL: Please go to www.eventstrategies.com.au & join our email list	
RELAY TEAM NAME:				
SWIMMER:	TA M'SHIP NO: If applicable		TRI CLUB or SLSC: If applicable	
CYCLIST:	TA M'SHIP NO: If applicable		TRI CLUB or SLSC: If applicable	
RUNNER:	TA M'SHIP NO: If applicable		TRI CLUB or SLSC: If applicable	

DATES & COURSES — tick a date, then your selections for that date. Tick your next date etc. (S=Swim; C=Cycle; R=Run)

DATES	KIDS COURSES	SMALL COURSES	MEDIUM COURSES	LARGE COURSES	ELITE COURSES (Tick one elite category)
<input type="checkbox"/> Dec 27	<input type="checkbox"/> S100m / R0.75k <input type="checkbox"/> R1.6k	<input type="checkbox"/> S250m / R1.7k	<input type="checkbox"/> S250m / R1.7k X 2	<input type="checkbox"/> S250m / R1.7k X 3	<input type="checkbox"/> R1.7k / S500m / R1.7k / S500m / R1.7k <input type="checkbox"/> SENIOR ELITE <input type="checkbox"/> JUNIOR HIGH PERFORMANCE
<input type="checkbox"/> Feb 7		<input type="checkbox"/> S250m / C6.5k / R1.9k		<input type="checkbox"/> S750m / C19.5k / R5k	<input type="checkbox"/> S750m / C19.5k / R5k <input type="checkbox"/> SENIOR ELITE <input type="checkbox"/> JUNIOR HIGH PERFORMANCE

COMPLETE THE ROW FOR THE COURSE YOU WISH TO ENTER BY CIRCLING/ENTERING AMOUNTS & CALCULATING THE TOTAL. ALL PRICES INCLUDE GST

To use one entry form for more than one date, use the "HOW MANY DATES?" column to help multiply entry amounts

PAYMENT GRID	HOW MANY EVENTS?	13 YRS & UNDER	14-17 YRS	18 YRS & OVER	RELAY TEAM	DISCOUNT	LATE FEE (AFTER THE WEDNESDAY PRIOR TO EACH EVENT)	SUB-TOTALS
Kids Aquathlon/Fun Run		\$10/\$5	\$10/\$5	N/A	\$15/NA	-\$2	\$0	
Small Courses		\$15	\$20	\$25	\$25	-\$4	\$10	
Medium Courses		\$25	\$30	\$35	\$35	-\$5	\$10	
Large, Jun HP & Elite Courses		N/A	\$35	\$45	\$45	-\$7	\$10	

DECLARATION — this is a legal document which affects your rights

GRAND TOTAL \$

- A contract in the terms set out below, between Event Strategies P/L (ES) & the intending competitor shall be deemed to have commenced on the acceptance by ES of the intending competitor's application to compete.
- I acknowledge triathlon/aquathlon is a test of a person's physical & mental limits, & carries with it the potential for death, serious injury & property loss. The risks include, but are not limited to pollution, temperatures, currents, weather, condition of athlete's equipment, vehicle traffic, lack of hydration, actions of participants, volunteers, spectators &/or organisers of the event. I hereby assume the risks of participating in triathlon/aquathlon & agree to abide by competition rules
- I certify that I am physically fit, have sufficiently trained for participation in these events & do not have a physical or intellectual impairment that may make my participation unsafe for myself or others.
- I have attached a list of any medical conditions from which I suffer that might be relevant if medical treatment is needed.
- I consent to receiving any medical treatment including ambulance transportation that the event organisers think desirable during or after the event.
- I, the undersigned in consideration of & as a condition of acceptance of my entry in the Sam White Memorial Events, for myself, my heirs, my executors & administrators, hereby waive all & any claim, right or 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 I may suffer or sustain in the course or consequent upon my entry or participation in the said events.
- This waiver, release & discharge shall be & operate separately in favour of all persons, corporations & bodies, & their representatives & agents, involved or otherwise engaged in promoting or staging these events & includes but is not limited to Event Strategies P/L; Surf Life Saving SA personnel; City of Charles Sturt; City of Holdfast Bay, Glenelg Commemoration Day Sports Association Inc; Chiropractors' Association of Australia (SA) Inc & other sponsors.
- I understand that I may be photographed. I agree to allow my photo, video or film to be used for any legitimate purpose by the event organisers, event sponsors & their representatives.
- I certify that I have read this declaration & agree to be bound by its conditions. I am 18 years of age or older.
- All 3 relay competitors must sign.

NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:
NAME:	SIGNATURE:	DATE:

FOR COMPETITORS WHO WILL BE UNDER 18 YEARS OF AGE ON RACE DAY, THE DECLARATION BELOW IS ALSO TO BE SIGNED BY A PARENT. Please add copies if necessary.

I certify that I am the parent/guardian of _____ who will be _____ years of age on the day of the race & that he/she has trained for & has my consent to compete in the event. NAME: _____ SIGNED: _____

ENQUIRIES: Race Director Malcolm Robertson Ph 83734580 Email malcolm@eventstrategies.com.au