

# ENTRY FORM & TAX INVOICE

District Council of Loxton Waikerie ABN 42 047 987 821

Please complete all details in BLOCK CAPITALS, enclose entry fee and post to:  
Loxton Triathlon, C/- Loxton Dental Practice, 11 Anzac Cres, Loxton 5333

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

## INDIVIDUAL ENTRY (short course, long course or fun run/walk)

Last Name:		First Name:	
Address:			State:
Postcode:			
Phone:	Sex: M/F	Date of Birth:	Age (on 31/12/09):
TA Membership No (if applicable):		Tri Club (if applicable):	

## RELAY TEAM ENTRY

Team Category (circle category)	Short course	Long course
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Team Co-ordinator:		Phone
Address:		Postcode
Relay Team Name:		
Swimmer:	TA Membership No (if applicable):	Tri Club:
Cyclist:	TA Membership No (if applicable):	Tri Club:
Runner:	TA Membership No (if applicable):	Tri Club:

## PAYMENT GRID

	13-15 years + Fun Run (u12)	16-19 years	20 years and over	Team 3 TA members to receive discount	Late fee (after 16/4/09)	TA Discount Membership No. as above	Total
<b>SHORT COURSE</b> <input type="checkbox"/>	\$25	\$30	\$35	\$40	\$10	-\$3	
<b>LONGER COURSE</b> <input type="checkbox"/>	\$35	\$40	\$45	\$50	\$10	-\$5	
<b>ELITE</b>							
Junior HP <input type="checkbox"/>	\$40	\$40	\$45	N/A	\$10	-\$5	
Senior <input type="checkbox"/>							
<b>FUN RUN</b>							
(please tick)							
2.5km <input type="checkbox"/>	\$8	N/A	N/A	N/A	\$5	-\$2	
Under 16 only							
5km <input type="checkbox"/>	\$10	\$10	\$10	N/A	\$5	-\$2	
<b>GRAND TOTAL INC GST</b>							

## DECLARATION

This is a legal document which affects your rights

PLEASE SEE INFORMATION PAGE FOR PAYMENT INSTRUCTIONS

- I, the undersigned in consideration of and as a condition of acceptance of my entry in the Loxton Triathlon, for myself, my heirs, executors and administrators, hereby waive all and any claim of cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or any description whatsoever which I may suffer or sustain in the course of or on consequent upon my entry or participation in the said event.
- This waiver, release and discharge shall be and operate separately in favour of all persons, corporations or bodies involved or otherwise engaged in promoting or staging the event and the servants, agents and representatives of any of them and includes but is not limited to Endurance Sport Promotion. The District Council of Loxton Waikerie and other sponsors, and shall so operate whether or not the loss, injury or damage is attributable to the act or neglect of any one or more of them.
- I am aware and will abide by the rules and regulations in regard to Triathlon Australia events.
- I attest and verify that I am physically fit and have sufficiently trained for this event and have not been told otherwise by a medically qualified person.
- I consent to receive medical treatment which may be deemed advisable in the event of injury.
- I acknowledge that I am solely responsible for my personal possessions and athletic equipment.
- I hereby agree that in the event of race cancellation due to storm, rain, inclement weather, wind, adverse sea conditions or any other unforeseen conditions, my entry will not be refunded.
- I agree to the free use of my name and pictures in broadcasts, telecasts and the press as they pertain to the Loxton Triathlon pre and post-race.

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 and that he/she has trained for and has my consent to compete in the event.

NAME: ..... SIGNED: .....