

BYRON BAY TRIATHLON 2008 ENTRY FORM

Saturday 10th May, 2008 (1pm start)

Mail To: PO Box 579, Byron Bay NSW 2481

Email: info@byronbaytri.com

Contact No: 0403 706473

INDIVIDUAL ENTRY

Surname		Gender (circle)
First Name		Male Female
DOB		
Address Line 1		
Address Line 2		
Suburb		
State		
Postcode		
Medicare No:		Race Singlet Size (circle) To confirm your singlet size go to www.eveline.com.au – Triathlon – sizes - Click on Triathlon "Triathlon Size Chart"
Home Phone No.		XXS XS S M L XL XXL XXXL
Business Phone No.		
Mobile No.		
Email Address		
Professional (Licence No.)		
Age Category (circle one)	16-19 20-24 25-29 30-34	Age as at 31/12/2008
	35-39 40-44 45-49 50-54	
	55-59 60-64 65-69 70+	
Event day emergency contact (It cannot be another competitor)	Name:	Contact No:
How many Byron Triathlons have you done?		

PAYMENT DETAILS

Triathlon Australia Member	upto 5pm 29/02/2008	\$125.00
License No:	01/03/2008 to 02/05/2008	\$135.00
Non-Licensed Individual	upto 5pm 29/02/2008	\$135.00
(Inc \$10 1 day membership)	01/03/2008 to 02/05/2008	\$145.00
Teams	upto 5pm 29/02/2008	\$200.00
	01/03/2008 to 02/05/2008	\$220.00
CREDIT CARD PAYMENTS	VISA MC BC	EXPIRY DATE:
NAME OF CARD HOLDER		CARD NO:
SIGNATURE OF CARDHOLDER		AMOUNT: \$
DIRECT DEPOSIT	Account: Byron Bay Triathlon	BSB: 082489
Please type your name in the "Remitter Name" when doing an internet transfer.	National Australia Bank	Account No: 855577067
CHEQUE/MONEY ORDER	Payable to: Byron Bay Triathlon	PO Box 579 BYRON BAY NSW 2481
I have read & understood the waiver:	Signature:	

If required, include a stamped, self address envelope for race confirmation. Tax Invoice. This entry is a Tax Invoice. Please keep a copy for your records.

PARTICIPANTS AGREEMENT

Must be signed by all competitors (For competitors under 18, a parent or guardian must sign)

WARNING: This is a legal document and affects your rights.

I agree to compete in this event on the following basis:

1. All entries close at 5pm on Friday 2nd May 2008
2. Non-members of Triathlon Australia are required to pay a \$10 one-day licence which provides insurance coverage for race day. Please refer to www.triathlon.org.au for more information.
3. All entry fees are non-refundable after 5pm on Friday 11th April, 2008. Withdrawals after this date will not be refunded, however they will be rolled over to 2009 event. Subject to approval of the 2008 Director.
4. All fees must be cleared for payment prior to Friday 2nd May, 2008.
5. PLEASE NOTE: The swim leg is held in the open sea (known as an Ocean Swim). If for whatever reason the swim leg is deemed to be too dangerous the management of the event may postpone start or cancel the swim leg. If cancelled, the event will be a **duathlon** and there will be no refunds.
6. Athletes triathlon age group categories are taken as at 31 December 2008.
7. Age categories will apply to both men and women as follows: 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+ years.
8. Triathlon Australia race rules apply and will be those published as at race day. Competitors will be advised of any event specific race rules prior to race day.
9. I acknowledge that competitive triathlon or duathlon involves the real risk of serious injury or even death from various causes including overexertion, dehydration, on and off course accidents, accidents with other competitors, equipment failure, other road users, spectators, course conditions and weather conditions.
10. I am fully responsible for the security of my personal possessions at the event.
11. I understand that I should not compete in this event unless I have trained the necessary amount and my medical practitioner has verified my physical condition.
12. By entering this event and competing, I accept all risks associated from my participation that could result in loss of life or permanent injury. Accordingly I release all people associated with the conduct of this event from, and will indemnify them against all liability (including liability for their negligence) for all injury, loss, damage arising out of or connected with my participation in this event. The people released include, but are not limited to, event organisers, promoters, sponsors, Byron Bay Triathlon, Byron Bay Tri, Byron Bay Council, Ballina Council, New South Wales Police, supporters, contracted companies and all public authorities, Triathlon Australia Limited, Triathlon NSW, their members and all of their respective directors, officers, employees, agents, contractors and volunteers including medical and paramedical staff. This release and indemnity continues forever and binds my heirs, executors and personal representatives.
13. I consent to receive any medical treatment the event medical teams believes appropriate in the circumstances before, during or after the event.
14. I understand that the compulsory insurance cover for participants in this event may not cover me for all injury, loss or damage sustained by me.
15. I understand that safety precautions undertaken at the event by organisers (such as course supervision, race safety briefings, bicycle and helmet safety checks) are a service to me but are not a guarantee of safety.
16. I will provide event organisers all details of my past and present medical or physical conditions that may affect my performance or be relevant if medical treatment is necessary.
17. I consent to event organisers using my name, image and likeness, before, during or after the event for event promotional broadcasting or reporting purposes in any media.
18. The official online entry must be completed and each competitor must agree to the "CONDITIONS OF ENTRY". Completion of the entry process and payment of the entry fee represents acceptance of the entry conditions.

I certify that I am 18 years or older and I have read this document and fully understand it.

Individual /Signature _____ Date ____/____/____

Medical Conditions: _____

Declaration by Parent or Guardian

As a parent or guardian of the competitor

I agree to the above for myself and on behalf of my child

I indemnify and will keep indemnified all people or corporations associated with the conduct of the event on the terms referred to.

Parent/Guardian _____

(circle above relationship) Name

Signature

Date