



West Wimmera Health Service "LOOP THE LODGE" Official Entry Form Sunday 25th October 2015





XNN MAIN			MEGTAN			
				WEST WIMMERA HEALTH SERVICE FUN RUN DECLARATION, WAIVER AND INDEMNITY		
				on of and as a condition of allowing me to	narticinate in the West	
			Wimmera He executors, ad	alth Service Fun Run (Event), I undersigne ministrators or anyone else who might want to nmera Health Service, the Event organiser and	ed (for myself, my heirs, claim on my behalf) agree	
Mr/Mrs/Ms First Name: Last Name:			1. 2. 3. 4.	I understand the demanding physical nature of a member physically fit and have trained sufficie complete the Event. I declare that I am in condition or impairment that will be detrip participate in this Event. In the event that medical condition or impairment, or am other the Event, I agree to withdraw from the Event I consent to receive and agree to pay for (including transport by ambulance) which is medical officers to be advisable, before, durit I acknowledge that participating in the Even serious injury or even death, from causes in exertion and accidents with other participants I agree that I am attending and participating in yown risk and at all times I have the option	ontly to participate in and of aware of any medical mental to my health if I become aware of any wise sick or injured prior to t	
Address:	1/0		5.	Event and can withdraw from the Event at an I agree to take all necessary precautions and	1.00 (SARKONETA / ST. COPPOST) 1-1-1	
Town:	Posto	ode:	6.	child or person accompanying me, whether in I waive, release and discharge West Wimi		
Tel: b/h Mob: Email: 1 Please enter me in:	a/h <u>.</u>			Event organiser, each Event sponsor and officers, employees, contractors, volunteers Event, from all claims, rights or causes of act under my care) might otherwise have (includ out of death or injury, damage or loss of any or any person or property being pushed, carrilike manner by me which includes but is not like of a far as this does not breach the p Australian Consumer Law) arising either dire	or agents involved in the ion which I (or any personing for negligence) arising lescription, suffered by me ad, accompanied or in any mited to children in prams revisions of the relevant	
THE REPORT OF THE PARTY OF THE	.7km 🖵		7	(or their) attendance at or participation in the	Event.	
Walk□ Run □ / Male □ Female □ Ch	ild under 16		7.	I indemnify and will keep indemnified West the Event organiser and each Event sponso	r against all costs, losses	
DOB	nu unuer 10 y	ears 🗀 🗀 🗀	8.	or damages arising from or in relation to participation in the Event. I agree to obey and accept the Event rules a		
			9.	may be announced on the day of the Event of I consent to the free use of my name, voice at	r otherwise.	
Age			į.	motion) in any broadcast, telecast and print Service, the Event organiser and/or the Eve the Event or promoting the Event in future ad	by West Wimmera Health ent sponsors in relation to	
			10.	I agree that the Event organiser reserves the the Event on any grounds.		
Entry Fee Adults	Early \$20	On the Day \$30	11.	I understand that if the Event is cancelled fo or if I do not participate in the Event for any entry fees will not be refunded and no liabilit the Event organiser or any other person	y reason whatsoever, any y of any kind will attach to or body involved in the	
Children (up to 16 yrs)	\$10	\$15	12.	organisation, promotion or staging of the Eve I accept that the judge's decision is final and the disputes will be entertained.		
Family	\$50	\$55	13. 14.	I declare that I am over the age of 18 years of I hereby acknowledge and agree that I ha		
Team Colour Run Scavenger Hunt	\$85	\$100		accept these terms and conditions and agre relation to my attendance at and participation	e to be bound by them in	
The second secon			SIGNATURE:		_ DATE:	
Entry Form Save money and registe				DN FOR MINORS	···· <u>-</u> ·	
https://wwhsloopthelo	<u>dgefunrun.ev</u>	entbrite.com.au			nt and wish to participate	
Or alternatively registrate WWHS Reception	nade at	If you are under the age of 18 years on the day of the Event and wish to participate, your parent or guardian must sign the following declaration. I certify that I am the parent/guardian of who will be years of age on the day of the Event. I declare that he/she has trained for the Event and has my consent to participate in the Event. I testify that I have read the above and acknowledge acceptance of the stated conditions of the Event on behalf of the minor specified above.				
	all of		.SIGNATURE	OF PARENT/GUARDIAN:	DATE:	