

Derby Swim Classic 2024 Derby Memorial Swimming Pool Registration from.

Team Name	

Please note, all participants must complete an individual registration form to participate in the event.

	Name	Age	Contact Number	Email Address
1				
2				
3				
4				
5				
6				
7				
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10				
11				
12				

Date: Saturday, 24 February 2024

Time: 5:30am - 2:00pm

Venue: **Derby Memorial Swimming Pool**

Registration Close: 20 February 2024

The Derby Swim Classic is a 20km swimming marathon held at the Derby memorial swimming pool to promote health and wellbeing within the Derby Community. You can compete as a solo swimmer, duo swim team, team of four or as a novelty team of five to 12 participants.

All forms and payment must be received prior to the registration closure date to participate.

If you require any further information please contact the Aquatic and Recreation team on 91910999 or email aquatics@sdwk.wa.gov.au

Derby

(08) 9191 0999

30 Loch Street Sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728

 Po Box Fitzroy Crossing

(08) 9191 5355

Flynn Drive ☑ sdwk@sdwk.wa.gov.au PO Box 101, Fitzroy Crossing



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	Participants details							
Name						Gender	M	F
Med	lical C	Conditions						
			Ι	Emergency Contact				
Con	tact n	ame						
Con	Contact number							
				Media permission				
	I give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ West Kimberley advertising materials, brochures, posters and internal displays							
I DO NOT give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ West Kimberley advertising materials, brochures posters and internal display								
			Condi	tions of participation and decla	aration			
I have read and understand the conditions of participation and declaration. I agree to the Shire of Derby/ West Kimberley condition of participant and declaration.								
Yes	No	Participant	ts Signature			Date		
A parent or guardian must sign if the participant is under the age of 18 years.								
Parent/ guardians name		ne	Parent/ guardians Signatur	ure		ate		
OFFICE USE ONLY Applicable fees: \$15.00 per person								
Officers details			Date payment received	P	ayment type	U		

Payment amount

Derby

3 (08) 9191 0999

30 Loch Street ☑ sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728

Fitzroy Crossing

Cash

Receipt

3 (08) 9191 5355

Flynn Drive ☑ sdwk@sdwk.wa.gov.au PO Box 101, Fitzroy Crossing

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Condition of participation and declaration

- 1. I acknowledge that physical activity involves the real risk of serious injury or even death from various causes including but not limited to; overexertion, equipment failure, dehydration, accidents with other competitors, spectators, road users, course or weather conditions and other causes.
- 2. I understand that I should not compete in these events unless I have trained appropriately and a medical practitioner has verified my physical condition.
- 3. By participating in these activities I accept all risks necessarily flowing from my participation, which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in these events.
- 4. I consent to receive any medical treatment including ambulance transportation that the event organisers think desirable during or after the event.
- 5. I understand that compulsory insurance cover effected for participants in these events may not cover me for any or all injury, loss or damage sustained by me.
- 6. Safety precautions undertaken by organisers (such as course supervision and race safety briefings) are a service to me and other competitors but are not a guarantee of safety.
- 7. I am fully responsible for the security of my personal possessions at the events.
- 8. My registration is not transferable to other people. If I am unable to compete, or if the event is cancelled by way of circumstances beyond the control of the event directors, my registration fee is refundable.
- 9. I have listed my medical or physical conditions from which I suffer that might affect my performance or be relevant in my participant registration form. I accept that risk of participation, despite these conditions.
- 10. I agree to abide by all race rules and directions issued by the event organisers.
- 11. Event organisers may change the event format, course or other race conditions at their discretion. If that occurs, this agreement applies to the changed conditions.

12.	Media Permission
	All Media take on the day in the form of photographs and videos can be used and be displayed in the media release
Ш	such as Shire of Derby/ West Kimberley social media pages, video montage, advertising material, brochures, posters
	and internal displays.

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ABN: 99 934 203 062

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