



Participant details			
Name			
Date of Birth		Gender	Female / Male
Postal Address		Contact number	
Medical Conditions			

Emergency Contact	
Emergency Contact Name	
Contact Number	

Event Details		
Please indicate below your preferred course		
Course type	Duo	Solo
Long: 5km Run and 500m Swim		
Short: 3km Run and 250m Swim	N/A	

Team name/ Team member name	
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I have read and agreed to the Derby Memorial Swimming Pool Media Permission, Conditions of Participation and Declaration. YES NO

Participant signature	Date

All Parents and Guardians must sign if the participant is under the age of 18 years.

Parent/ Guardian Signature	Date

Derby

(08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



Condition of Participation & Declaration

1. I acknowledge that physical activity involves the real risk of serious injury or event death from various causes including but not limited to overexertion, equipment failure, dehydration, and accidents with other competitors, spectators or 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 below my medical or physical conditions from which I suffer that might affect my performance or be relevant. 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

By the centre (please tick only one box)

I give permission for photos of myself to be displayed in the media release such and Shire of Derby/ West Kimberley advertising material, brochures, posters and internal display.

I DO NOT give permission for photos of myself to be displayed in media releases such as Shire of Derby/ West Kimberley advertising materials, brochures, posters and internal display.

OFFICE USE ONLY

Fee Applicable: \$10.00 per Adult (16years +), \$8.00 per Concession, \$5.00 per child (8-15 years)

Officers Name:
Officers Signature:

Date Payment Received
Payment Amount

Payment Type	
Cash	EFT
Receipt	

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