

Derby Memorial Swimming Pool 2024 Dash and Splash Series Registration Form

Please indicate below your preferred course													
Course type				Duo				So	Solo				
Long: 4km Run and 800m Swim													
Short: 2km Run and 400m Swim				N/A									
Juniors 10 yrs+: 2km Run and 400m Swim			m										
Beginners and Sub Juniors 5-9yrs: Run 300m and Swim 100m				N/A									
Participant 1 details					Participant 2 Details								
Name					Nar	ne							
Age		Gender	М	F	Age	9				Gender		М	F
Email Address					Em	ail A	ddress						
Contact Number					Contact Number								
Medical Conditions					Medical Condition								
Any dietary requirements?				Any dietary requirements?									
	cv Contact	participant	1		•	Emergency Contact Participant 2							
Emergency Contact Name			_		Em Nar	_	ncy Contact				<u></u>		
Contact Number					Contact Number								
			M	ledia Pe	rmis	sion							
I give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ Wes Kimberley advertising materials, Brochures, Posters and Internal display					media releases such as the Shire of Derby/ West								
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					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								
		<u>Condition</u>	ns of	particip	<u>atio</u>	n and	d declaration						
I have read and understand the conditions of participation and declaration. I agree to the Shires of Derby/ West Kimberley condition of participation and declaration.													
Y N Participant Signature and date					Y N Participant Signature and date								
All Participants under the age of 18 years must have a parent/ Guardian co-sign their registration form.).			
Participant 1 Parent/ Guardian Signature								Date					
Participant 2 Parent/ Guardian Signature							Date						

Event Details

Derby

2 (08) 9191 0999

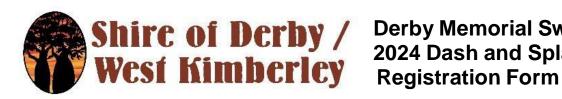
30 Loch Street

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

Fitzroy Crossing

√ (08) 9191 5355
 Sdwk@sdwk.wa.gov.au

Flynn Drive 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, 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 in my registration form 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.

OFFICE USE ONLY

Fee Applicable: \$15.00 per participant (10years +), \$5.00 per child (5-9 years)

Date Payment Received
Payment Amount

Payment Type						
Cash		EFT				
Receipt						

Derby

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