



Dwellingup 100 MTB Classic

OFFICIAL ENTRY FORM – Forces Challenge

Please photocopy this entry form if you require a tax invoice. TriEvents WA ABN 34 085 230 548

PO Box 1960 OSBORNE PARK WA 6916 P: 08 9244 5200 F: 08 92041877 E: info@trievents.com.au W: www.trievents.com.au

Personal Information – all four members must fill in the information below

M1: Surname: _____ First Name: _____

Date of Birth: ____/____/____

Gender: M / F

Address: _____ Suburb: _____ Post: _____

Email: _____ Phone Number/Mobile: _____

Emergency Contact Person: _____ Phone Number: _____

Do you currently suffer from any medical conditions? Y / N ; If yes, please detail: _____

Are you currently taking medication? Y / N ; If yes, please detail: _____

Emergency Contact Person: _____ Phone Number: _____

M2: Surname: _____ First Name: _____

Date of Birth: ____/____/____

Gender: M / F

Address: _____ Suburb: _____ Post: _____

Email: _____ Phone Number/Mobile: _____

Emergency Contact Person: _____ Phone Number: _____

Do you currently suffer from any medical conditions? Y / N ; If yes, please detail: _____

Are you currently taking medication? Y / N ; If yes, please detail: _____

Emergency Contact Person: _____ Phone Number: _____

M3: Surname: _____ First Name: _____

Date of Birth: ____/____/____

Gender: M / F

Address: _____ Suburb: _____ Post: _____

Email: _____ Phone Number/Mobile: _____

Emergency Contact Person: _____ Phone Number: _____

Do you currently suffer from any medical conditions? Y / N ; If yes, please detail: _____

Are you currently taking medication? Y / N ; If yes, please detail: _____

Emergency Contact Person: _____ Phone Number: _____

M4: Surname: _____ First Name: _____

Date of Birth: ____/____/____

Gender: M / F

Address: _____ Suburb: _____ Post: _____

Email: _____ Phone Number/Mobile: _____

Emergency Contact Person: _____ Phone Number: _____

Do you currently suffer from any medical conditions? Y / N ; If yes, please detail: _____

Are you currently taking medication? Y / N ; If yes, please detail: _____

Emergency Contact Person: _____ Phone Number: _____

Race Details & Entry Fees

1. Event: **Dwellingup 40** **\$300.00**
- Minimum Age for the 40km event is 14 years.
 - Age is taken on or before 31st December 2011.

2. Membership All individuals are members of MTBA: All individuals are not members of
are paying for a day licence - **\$20 each**

Membership No M1: _____ Membership No M2: _____

Membership No M3: _____ Membership No M4: _____

Please note that all four members of the team must be MTBA members; if one is a member and one is not, then you will still be required to pay for one day license.

3. "Top Up" Fee

If your team or some of the members wish to continue on the 60km loop to complete the 100km ride, they may do so for an additional fee - \$55.00 per person

- All Four members of the team wish to complete the 100km distance.
 Only a few members wish to complete the 100km distance: please list their names:

1. _____ 2. _____ 3. _____

4. Would you like to make a donation to the Muscular Dystrophy Association of WA?

\$20.00 \$50.00 \$75.00 \$100 Other: \$ _____

Payment Details

Total: _____ Payment Type: Cheque Credit Card Cash/Money

Credit Card Details:

Name: _____

Card Number: ____/____/____/____ Exp Date: __/__/__

Signature: _____

PARTICIPANTS AGREEMENT WARNING: This is a legal document that affects your rights. 1) I acknowledge that this event involves the real risk of serious injury or even death from various causes including over exertion, drowning, dehydration, accidents with other competitors, marine life or other water users, vehicles or other road users, general public, course or weather conditions and other causes. 2) I understand that I should not compete in this event unless I have trained appropriately and my physical condition has been verified by a medical practitioner. 3) By competing, 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 this event. This release shall extend to and include TriEvents WA, Perth Mountain Bike Club, Mountain Bike Australia Inc and/or any other sponsors and their respective directors, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupiers of land upon which the event or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any matter whatsoever and promoters, sponsors and event organisers. This release and indemnity continues forever and binds my heirs, executors, personal representative and assigns. 4) I consent to receiving any medical treatment, including ambulance transportation, which the event organisers think desirable during or after the event. 5) I consent to event organisers using my name, image and likeness before, during and after the event for event promotional broadcasting or reporting purposes in the media. 6) I understand that compulsory insurance cover effected for participants in this event may not cover me for all injury, loss or damage sustained by me. 7) Safety precautions undertaken by organisers (such as course supervision, race safety briefings, encouragement to wear personal distress units) are a service to me and other competitors but are not guarantee of safety. 8) I am fully responsible for the security of my personal possessions at the event. 9) 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 non-refundable. 10) I have listed below my medical or physical conditions from which I suffer that might affect my performance or be relevant if medical treatment is needed. 11) I agree to abide by all race rules and directions issued by TriEvents WA and any other event organisers. 12) 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. 13) If the event is cancelled due to flood, cyclone, torrential rains or other acts of God conditions, I understand that entry fee will not be refunded. 14) I understand that TriEvents may retain my personal details for marketing purposes and may provide this information to sponsors of this event. 15) I acknowledge that the race timing band remains the property of Bluechip Timing. I agree to pay \$40 should I not return my timing band to Bluechip Timing. I certify that I am 18 years of age or older and have read this document and fully understand it. In the event that I am under 18 years of age, my parent/guardian has read this document and fully understands it.

Medical Conditions must be mentioned above under Medical Details on this form.

Each team member must read and sign the participant's agreement:

M1: Name _____
Please Print Clearly

Signature: _____

M2: Name _____
Please Print Clearly

Signature: _____

M3: Name _____
Please Print Clearly

Signature: _____

M4: Name _____
Please Print Clearly

Signature: _____