



# Dwellingup 100 MTB Classic OFFICIAL ENTRY FORM – Team Challenge

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

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

**M1 (Completing 40km Loop):** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number/Mobile: \_\_\_\_\_

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 (Completing 60km Loop):** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number/Mobile: \_\_\_\_\_

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 100 \$145.00**

- Minimum Age for the 40km event is 14 years.
- Minimum Age for the 60km event is 18 years.
- Age is taken on or before 31<sup>st</sup> December 2010.

### 2. Membership

I am a member of MTBA  
Membership No's: \_\_\_\_\_

I am not a member of MTBA and  
am paying for a day licence - **\$15**

Please note that both 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.

## 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 \_\_\_\_\_

Signature: \_\_\_\_\_

M2: Name \_\_\_\_\_

Signature: \_\_\_\_\_