

College Sport Wellington Triathlon Champs

Individuals / Teams Entry Form

Monday March 21st 2016

Event Details

Select your category:

| | Athlete with Disabilities | Year 7 & 8 | Under 14 @ 1/1/16 | Under 16 @ 1/1/16 | Under 19 @ 1/1/16 |
|--------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Individual - Boys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual - Girls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team - Boys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team - Girls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Entry Fees / Payment Details

Entry fees are: **\$20 per individual and \$35 per team.** All schools will be invoiced post event.
Please note unless there are more than 200 total registration received by the close off date the event will be cancelled

Entries close 4pm on Monday March 14th 2016

Schools Sports Co-ordinators: Please ensure these details are logged into the online registration system by the above close off time

Students: please pass these entry forms back to your Schools Sport Co-ordinator / Multisport Convenor before the above date

Entry Details

Team Name (if team)

School representing

Personal Details – Team Captain or Individual

Email

First name

Last (family) name

Gender

MALE

FEMALE

Date of Birth:

Emergency Contact Details

Contact Name: If an emergency situation arose with yourself during an event who would be the person you would like use to contact?

Emergency Contact Phone Number: What is the contact phone number for the person you listed above?

Emergency Contact Physical Address: For the Contact you listed above, what is their physical (home) address

Medical Conditions: If an emergency occurs and you need treatment are there any medical conditions that the Medical staff need to be aware of? If so plus can you supply some basic details

Wavier / Signature (Team Captain or Individual)

Parents Consent

I give permission for my son/daughter to enter the College Sport Wellington Triathlon Championships at his/her own risk
We have read and agree to the full terms and conditions as documented overleaf for these events

Signature

(Parent signature)

/ /
Date



College Sport Wellington Triathlon Champs

Teams Entry Form (cont)

Monday March 21st 2016

Personal Details – Team Member 2 (if applicable)

| | | | |
|--------------------|-------------------------------|---------------------------------|----------------|
| Email | | | |
| First name | | | |
| Last (family) name | | | |
| Gender | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | Date of Birth: |

Emergency Contact Details

| | |
|--|--|
| Contact Name: If an emergency situation arose with yourself during an event who would be the person you would like use to contact? | |
| Emergency Contact Phone Number: What is the contact phone number for the person you listed above? | |
| Emergency Contact Physical Address: For the Contact you listed above, what is their physical (home) address | |
| Medical Conditions: If an emergency occurs and you need treatment are there any medical conditions that the Medical staff need to be aware of? If so plus can you supply some basic details | |

Wavier / Signature (Team Member 2)

Parents Consent
I give permission for my son/daughter to enter the College Sport Wellington Triathlon Championships at his/her own risk
We have read and agree to the full terms and conditions as documented overleaf for these events

| | | | |
|-----------|--------------------|-----|------|
| Signature | (Parent signature) | / / | Date |
|-----------|--------------------|-----|------|

Personal Details – Team Member 3 (if applicable)

| | | | |
|--------------------|-------------------------------|---------------------------------|----------------|
| Email | | | |
| First name | | | |
| Last (family) name | | | |
| Gender | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE | Date of Birth: |

Emergency Contact Details

| | |
|--|--|
| Contact Name: If an emergency situation arose with yourself during an event who would be the person you would like use to contact? | |
| Emergency Contact Phone Number: What is the contact phone number for the person you listed above? | |
| Emergency Contact Physical Address: for the Contact you listed above, what is their physical (home) address | |
| Medical Conditions: If an emergency occurs and you need treatment are there any medical conditions that the Medical staff need to be aware of? If so plus can you supply some basic details | |

Wavier / Signature (Team Member 3)

Parents Consent
I give permission for my son/daughter to enter the College Sport Wellington Triathlon Championships at his/her own risk
We have read and agree to the full terms and conditions as documented overleaf for these events

| | | | |
|-----------|--------------------|-----|------|
| Signature | (Parent signature) | / / | Date |
|-----------|--------------------|-----|------|

College Sport Wellington

Triathlon Champs

Terms & conditions entry

Conditions of Entry

1. Each participant must complete an entry form (electronic or hard copy) in full.
2. All participants must show their number in a visible location when running and cycling.
3. By entering these events the participant acknowledges that they are fully and completely responsible for their actions while participating in these events.
4. The participant is aware that these events are conducted on public roadways, and that the roads are open to all normal road users while these events occur. Normal road rules remain in force at all times throughout these events.
5. All participants must comply with the instructions of the Police, Fire or other identified officials.
6. All participants must be of the legally declared age to enter their selected option at these events, if the participant is found to be underage they understand that College Sports / Fedude Sports can refuse their entry into that option and/or these events.
7. The participant agrees to comply with all the rules and regulations and event instructions of the College Sport Wellington Triathlon Champs and its officials.
8. The participant hereby attests and verifies that they are physically fit and have sufficiently trained for this event and that their physical condition has been verified by a licensed medical doctor.
9. The participant understands that acceptance of their entry into these events is at the discretion of Fedude Sports.
10. The participant HAS READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

College Sports / Fedude Sports has taken all care to ensure that these events are as safe as possible within their control.

Refund Policies

The participant hereby agrees that in the event of a race modification due to storm, rain, inclement seas or weather, winds or other "Acts of God" conditions, my entry fee shall be non-refundable. If the event is cancelled in full there will be no entry fees charged

Waiver and Declaration

In consideration of the acceptance of my entry in the College Sport Wellington Triathlon Champs:

The participant is fully aware of, and they accept, the risks involved in participating in this event on public roads. The participant is sufficiently fit to complete this event safely. The participant agrees to abide by the organisers rules and the participant will abide by the rules of the road at all times. Course marshals are there to indicate the correct route only and do not relieve me of the participants own responsibility for their own safety."

The participant expressly acknowledges and agrees that the activities could be dangerous and involve the risk of serious injury and/or death and/or property damage. I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted, that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Exclusion of liability - The participant agrees that it is a term of entry to The College Sport Wellington Triathlon Champs that: College Sport / Fedude Sports, its directors, officers, employees, contractors, race directors and other officials, marshals, volunteers, sponsors, suppliers or agents is (are) absolved by me from all liability arising from injury or damage in connection with my participation in, or entry into this event or in any way due to any act and/or omission on the part of Fedude Sports.

Release and Indemnity - In consideration of College Sports / Fedude Sports allowing the participant to enter these events, the participant hereby: release and discharge College Sports / Fedude Sports from all claims, losses and expenses arising from or in connection with my participation in, or entry into these events; and indemnify College Sports / Fedude Sports in respect of any claims, losses and expenses, arising from or in connection with my participation in or entry into these events whether caused or contributed to, by any act or omission on the part of Fedude Sports.

Photos and Image - The participant agrees to be photographed, filmed or videoed or to have their image recorded in any way in connection with these events, the participant agrees to College Sports / Fedude Sports using any such imagery in connection with the promotion and reporting of these events. The participant understands they are entitled to request access to such images and to have copies of them at the participants cost.

Privacy - In completing a College Sports / Fedude Sports entry form, the participant is providing Fedude Sport with personal information. The participant understand this information will be collected and held by College Sports / Fedude Sports and used by employees, contractors and agents associated with the event for the purposes of:- administering my entry in the event, disclosing relevant information to medical and related personnel in the event that the participant receive medical treatment during the event, promoting the event and other events held by Fedude Sports, mail-out or other communication relating to the event or other Fedude Sport events in the future. College Sports / Fedude Sports will not supply the participant personal information to other parties for any other reason other than listed above.

The participant consents for the above purpose to the use and disclosure of their personal information under the Privacy Act 1993. The participant has the right of access to such information, and to correct it by applying in writing to College Sports / Fedude Sports at Fedude Sports, PO Box 24484, Manners Street Wellington.