

Swim

Bike

Run

Team Entry Form

Bruce Rock Triathlon – Saturday 7th March 2020

Commencing at 9.00 am – (Participants to be there at 8.30 am)

ENTRY FEE (per person)

Adult \$10 plus Pool Entry

Primary and High School (Under 16) \$5 plus Pool Entry

LATE ENTRY FEE \$5 extra per person

Team Name	::	Team Coordinator:				
ADDRESS:						
TELEPHONE	:					
EMAIL:						
CATEGORY (please tick relevant box)						
Open Secor Open Short Open Medi Open Long	ndary (over 12 years as a (198m swim, 5km bi um (396m swim, 10k (726m swim, 20km b	m bike, 2.5km run)	e, 1.25km r	run)		
By Mail -		eur Swimming Club Inc	op Off -	Bruce Rock Cafe Bruce Rock DHS		
	Telephone: 0429	611 307 En	Email: bkswimclub@gmail.com			
BSB: 633 000 Acc: 143065001						
SECTION	AGE (Primary and High School only)	SURNAME		FIRST NAME		

DECLARATION (All entrants must sign)

I hereby acknowledge responsibility for my personal athletic equipment. I hereby waive all and any claim, right or case of action which I might otherwise have for or arising out of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of, or consequent upon my entry or participation in the said event.

I hereby declare that I am physically fit and have undertaken adequate training for the event. I will fully accept the decision of the race director if I am disqualified for any infraction of the rules or regulations governing Triathlons and, if so directed, I will not take any further part in the event.

I hereby agree that I the event of a storm, rain, inclement winds, extreme heat, the organisers of the event have the right to modify or cancel the event and my entry fee shall not be refundable.

ALL PARTICIPANTS MUST SIGN THE INDEMNITY AND DECLARATION AND <u>INCLUDE DATE OF BIRTH</u>. IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN.

A PAREINI OR GUARDIAN MOST SIGN.				
PARTICIPANT/PARENT SIGNATURE:				
DATE OF BIRTH:	DATE:			
PARTICIPANT/PARENT SIGNATURE:				
DATE OF BIRTH:				
DADTICIDANT (DADENT CICALATUDE				
PARTICIPANT/PARENT SIGNATURE:				
DATE OF BIRTH:	DATE:			