



My State Financial

## **2009 Devonport Official Event Wavier Form**

### **ALL ATHLETES PARENTS MUST SIGN**

|               |  |
|---------------|--|
| <b>Name</b>   |  |
| <b>Phone</b>  |  |
| <b>Mobile</b> | <b><u>Parents only Please , emergency only</u></b> |
| <b>School</b> |  |

**Please note** for a team entry all students must complete the form and submit the 2 or 3 forms together to your teacher.

#### **Team Entry information – Entry fee \$10.00 per student**

**Entry Fee** is \$10.00 per student and payment along with this entry form is to be given to your teacher.

#### **Event Wavier**

In consideration of and as a condition of acceptance of my entry in the Tasmanian Schools Challenge for myself, my respective heirs, executors and administrators, I hereby waive all and any claim, right or cause of action for which I, my respective heirs, executors and administrators might otherwise have for or arising out of: (i) Loss of life or injury, damage or loss of any description whatsoever caused including negligence of any person, corporation or body referred to below, suffered or sustained in the course of, consequent upon, or accidental to my entry or participation in the said event and, (ii) Any publication, or in the use and form of media whatsoever, of my name, photograph, images or activities in, or incidental to, my entry participation in the said event and whether for advertising or otherwise. The above release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved, or otherwise engaged in promoting or staging the said event and the servants, agents, representatives, and officers of all and any of them and includes but is not limited to, the Race Organiser (Cradle Coast Triathlon and Multi sport) and their members, Triathlon Australia, state/territory Triathlon Associations, Devonport City council, Triathlon Tasmania and their representatives, the Police, city/town officials and marshals, Life Saving officials/guards, medical and paramedical practitioners, and shall operate whether or not the loss, injury or damage is attributable to the act of neglect of any one or more of them. I have read, and am familiar with, the safety and medical aspects of triathlons and will abide by these requirements.

|           |  |
|-----------|--|
| Signature |  |
|-----------|--|

|        |  |
|--------|--|
| Parent |  |
|--------|--|