

Under 8 Entry Form

Free Entry

REBEL SPORT

Sunshine Coast Cross Country Series 2009



(Please Print)

Name: _____ Phone: _____

Address: _____
_____ e-mail: _____

1. What is your Date of Birth: _____
2. Age as of 31st December 2009?: _____
3. Male or Female (Please circle)

Waiver Entry cannot be accepted unless signed

1. We, the undersigned, in consideration of and as a condition of the entry of the above named competitor in the event for the competitor, the competitor's parents, guardians, executors and administrators, hereby waive all and any claim, sight or cause of action which I or they might otherwise have for or arising out of the loss of my life or injury, damage or loss of any description whatsoever which the competitor may suffer or sustain in the course of or consequent upon the entry or participation in this event. This event being the Sunshine Coast Cross Country Series 2009.

2. The waiver, release or discharge shall be and operate in favour of the Queensland Athletic Association Limited (Queensland Athletics), The University of Sunshine Coast Athletics Club and Maroochy Athletics as hosts for this event, any other associated organisation(s), members of the Association and all sponsors and officials, paid or voluntary and shall so operate whether the damage or cause is due to any act or neglect of any of them

Signature of Guardian: _____

I certify that I am the parent/guardian of _____ who will be _____ yrs of age on _____ and that he/she has trained for and has my consent to compete in this event.

Signature: _____ Date: / /2009

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