



SATURDAY 10 JUNE 2017

Entry / Indemnity Form

Form & payment must be returned to District Council of Coober Pedy by **5pm Tuesday 6th June 2017**
Forms can be emailed to dmcclaren@cpccouncil.sa.gov.au if paying by EFT or credit card.

DETAILS:

FULL NAME: _____ AGE: _____

POSTAL ADDRESS: _____

PHONE NO: _____ MOBILE: _____

EMAIL: _____

IN CASE OF EMERGENCY:

FULL NAME: _____

RELATIONSHIP: _____ PHONE NO: _____

CATEGORY: (please circle) Running Walking (only up to 21 km) Cycling

DISTANCE: (please circle) 3.2 5 10 21 42 (run 16yrs+ only)

COST: Adult (16 & over) – 21km & 42km \$30 FREE for under 16 yrs (21km ride or run, or 42km ride)
Adult (16 & over) – 10km \$15 FREE for under 16 yrs
Adult (16 & over) – 5km \$10 FREE for under 16 yrs

PAYMENT OPTIONS:

EITHER	Bank Transfer - BSB: 035-078 Account No: 270 262 Reference – Your Name – GKBM
	Credit Card - Phone District Council Coober Pedy on 08 8672 4600

INDEMNITY:

1. I acknowledge that I enter the GREAT Kanku - Breakaways Marathon ('the Event') entirely at my own risk. 2. In consideration of and as a condition of acceptance of my entry in the Event, I, the undersigned (for myself, my heirs, executors and administrators) agree with the District Council of Coober Pedy ('the Organiser') and each event sponsor that: 2.1 I waive, release and discharge the Organiser and the event sponsors, including but not limited to the GREAT Kanku - Breakaways Marathon ('the Event Sponsors') and each of their respective officers, employees, contractors, volunteers or agents involved in the Event from all claims or causes of action I may have (including for negligence) arising from any injury, loss or damage of any kind suffered by me including personal injury, illness or death and/or loss or damage to any property arising either directly or indirectly out of my attendance or participation in the Event. 2.2 I indemnify and will keep indemnified the Organiser and each Event Sponsor against all costs, losses or damages arising from or in relation to my attendance at or participation in the Event. 2.3 I consent to the free use of my name and pictures of me in any broadcast, telecast and print by the Organiser and/or the Event Sponsors in relation to the Event. 2.4 I consent to receive and agree to pay for any medical treatment (including transport by ambulance) which is considered in the reasonable opinion of the Event medical officials to be advisable, before, during or after the Event. 2.5 I hereby acknowledge that I have read, understood and accept these terms and conditions and agree to be bound by them in relation to my participation in the event.'

SIGNATURE:

I acknowledge that I have read the above and my details are correct.

Signature: _____ Date: _____

Please have Parental / Guardian consent if under 18 years old

Parent Name: _____

Signature: _____ Date: _____