Team Try-Athon Nomination Form

Fax (07) 4620 8200, scan and email to tryathon@stgeorgeshs.eq.edu.au or return in person to High School by Thursday 10/11/2016

Details
Team Name: ____________________________________________________________

Select the category you wish to compete in:

☐ Category 1 (18 years and over)  500m swim, 20km cycle, 5km run
☐ Category 2 (18 years and over)  500m swim, 10km cycle, 5km run
☐ Category 3 (13 – 17 years)  250m swim, 10km cycle, 2.5km run

Check in time: 6am Amphitheatre

Nomination fees:
The minimum nomination fees are:
Category 1 and 2 – $60 per team + $5 one day race licence (each participant)
Category 3 - $45 + $1.50  one day race licence (each participant)

NOTE: Competitors are encouraged to collect sponsorship for the event.

TEAM MEMBER 1 – Swim (goggles compulsory)

Last Name: ____________________________________________________________
First Name: ____________________________________________________________
Date of Birth: _________________________________________________________
T/A Number: ___________________________________________________________

Gender:  ☐ Male  ☐ Female

Medical Questions
Any medical conditions? ___________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

First race  ☐ Yes  ☐ No

Emergency contact: _____________________________________________________
Emergency phone: _______________________________________________________
TEAM MEMBER 2 – Cycle (helmets and enclosed shoes compulsory)

Last Name: ____________________________
First Name: ____________________________
Date of Birth: ____________________________
T/A Number: ____________________________

Gender:  □ Male  □ Female

Medical Questions
Any medical conditions? ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

First race  □ Yes  □ No
Emergency contact: ____________________________
Emergency phone: ____________________________

TEAM MEMBER 3 – Run (enclosed shoes compulsory)

Last Name: ____________________________
First Name: ____________________________
Date of Birth: ____________________________
T/A Number: ____________________________

Gender:  □ Male  □ Female

Medical Questions
Any medical conditions? ____________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

First race  □ Yes  □ No
Emergency contact: ____________________________
Emergency phone: ____________________________

Information for out of town competitors:

For more information on accommodation options and things to do while you are visiting St George please contact the St George Information Centre on (07) 4620 8777 or visit http://www.balonne.qld.gov.au/ or www.stgeorgeqld.com
St George Try-Athon – Participant’s Agreement

Must be accepted by all competitors (For competitors under 18, a parent or guardian must accept)

**WARNING:** This is a legal document that affects your rights

I agree to compete in this event on the following basis:

1. I acknowledge that competitive triathlon involves the real risk of serious injury or event death from various causes including overexertion, equipment failure, dehydration, accidents with other competitors, spectators or road users, and course or weather conditions to name a few.

2. I understand that I should not compete in this event unless I have trained appropriately and a medical practitioner has verified my physical condition.

3. I consent to receiving any medical treatment that event organisers think desirable during or after the event.

4. I consent to event organisers using my name, image and likeness, before during or after the event, for event promotional broadcasting or reporting purposes in any media.

5. I understand that compulsory insurance cover affected for participants in this event may not cover me for all injury, loss or damage sustained by me.

6. Safety precautions undertaken by organisers (such as course supervision, race safety briefings, bicycle and helmet safety checks) are a service to me and other competitors but are not a guarantee of safety.

7. I am fully responsible for the security of my personal possessions at the event.

8. I have attached to my entry form details of any medical or physical conditions from which I suffer that might affect my performance or be relevant if medical treatment is needed.

9. I agree to abide by all race results and directions issued by the event organiser.

10. I certify I will receive a race briefing at registration that I will read and abide by.

11. I agree I have read this Release and Indemnity and understand and I will be bound by and conduct myself in accordance with the rules of the P & C Association.

In return the P & C Association agreeing to let me participate in their events I release and forever indemnify the P & C Association, and all members, employees, agents or contractors acting on behalf of the P & C Association against all claims, suits, demands and actions for any personal injury or property damage or any other claim etc. of whatsoever nature and howsoever caused including claims arising out of the negligence of the P & C Association or arising out of the negligence of their members, employees, agents or contractors in respect to any incident arising out of my participation in their events.

**TEAM MEMBER 1**

**Media Consent**

☐ Tick only if you do not give permission for your image to be used in future promotional material.

**SIGN HERE IF YOU ARE OVER 18**

I agree to the terms and conditions in the waiver

_________________________     _________________________________
Participant’s Full Name           Signature of Participant

Dated: _________________________________

**PARENT/GUARDIAN SIGN HERE IF THE PARTICIPANT IS UNDER 18**

I agree to the terms and conditions in the waiver

_________________________
Participant’s Full Name

_________________________
Parent/Guardian’s Full Name

_________________________
Signature of Parent/Guardian

Dated: ___________________________
TEAM MEMBER 2

Media Consent

☐ Tick only if you do not give permission for your image to be used in future promotional material.

SIGN HERE IF YOU ARE OVER 18

I agree to the terms and conditions in the waiver

_________________________________     _________________________________
Participant’s Full Name           Signature of Participant
Dated: _________________________________

PARENT/GUARDIAN SIGN HERE IF THE PARTICIPANT IS UNDER 18

I agree to the terms and conditions in the waiver

_________________________________
Participant’s Full Name

_________________________________
Parent/Guardian’s Full Name          Signature of Parent/Guardian
Dated: ___________________________
# TRY-ATHON SPONSORSHIP FORM

**Competitor/Team Name:** ________________________

**Contact Details:** ____________________________

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