|  |  |
| --- | --- |
| **Participant Details** | **Race Conditions** |
| Name |  | Medical Conditions? |  |
| Date of Birth |  |  |  |
| Age (18+) |  | Gender | M | F | Are representing a club? |  |
| Email Address |  | Diving or push start? |  |
| Contact Number |  | Any assistance required? |  |
| **Emergency Contact Information** |
| Emergency Contact Name |  | Contact Number |  |
| **Media Permission** |
|   | I give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ West Kimberley advertising materials, Brochures, Posters and Internal display  |  | I **DO NOT** give permission for photos of myself to be displayed in media releases such as the Shire of Derby/ West Kimberley advertising materials, Brochures, Posters and Internal display |
| **Conditions of participation and declaration** |
| I have read and understand the conditions of participation and declaration. I agree to the Shires of Derby/ West Kimberley condition of participation and declaration.  |
| Y | N | Participant Signature and date |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Name** | **Select** | **Event Name** | **Select** |
| 50m Butterfly |  | 25m Butterfly |  |
| 50m Backstroke |  | 25m Backstroke |  |
| 50m Breastroke |  | 25m Breastroke |  |
| 50m Freestyle |  | 25m Freestyle |  |
| 100m Butterfly |  | 500m Freestyle |  |
| 100m Backstroke |  | 800m Freestyle |  |
| 100m Breastroke |  | 4x50m Women’s Medley Relay (Back, Breast, Fly, Free).  |  |
| 100m Freestyle |  | 4x50m Men’s Medley Relay (Back, Breast, Fly, Free) |  |
| 100m Medley (Fly, Back, Breast, Free) |  | 4x25m Women’s Freestyle Relay |  |
|  |  | 4x25m Men’s Freestyle Relay |  |

**Condition of Participation and Declaration**

1. I acknowledge that physical activity involves the real risk of serious injury or even death from various causes including but not limited to overexertion, equipment failure, dehydration, and accidents with other competitors, spectators or road users, course or weather conditions and other causes.
2. I understand that I should not compete in these events unless I have trained appropriately and a medical practitioner has verified my physical condition.
3. By participating in these activities I accept all risks necessarily flowing from my participation, which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands and proceedings arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with my participation in these events.
4. I consent to receive any medical treatment including ambulance transportation that the event organisers think desirable during or after the event.
5. I understand that compulsory insurance cover effected for participants in these events may not cover me for any or all injury, loss or damage sustained by me.
6. Safety precautions undertaken by organisers (such as course supervision and race safety briefings) 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 events.
8. My registration is not transferable to other people. If I am unable to compete, or if the event is cancelled by way of circumstances beyond the control of the event directors, my registration fee is refundable.
9. I have listed in my registration form my medical or physical conditions from which I suffer that might affect my performance or be relevant. I accept that risk of participation, despite these conditions.
10. I agree to abide by all race rules and directions issued by the event organisers.
11. Event organisers may change the event format, course or other race conditions at their discretion. If that occurs, this agreement applies to the changed conditions.
12. **Media Permission**

By the centre **(please tick only one box)**

I give permission for photos of myself to be displayed in the media release such and Shire of Derby/ West

 Kimberley advertising material, brochures, posters and internal display.

 I DO NOT give permission for photos of myself to be displayed in media releases such as Shire of Derby/ West

 Kimberley advertising materials, brochures, posters and internal display.

**OFFICE USE ONLY**

**Fee Applicable: $15.00 per Adult (18years +),**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Officers Name:*** |  |  | ***Date Payment Received***  |  |  | ***Payment Type*** |
|  |  |  |  |  |  |  | Cash |  | EFT |  |
|  |  |  | ***Payment Amount***  |  |  | ***Receipt*** |
|  |  |  |  |  |  |  |