



Team Registration Form

Event Date: Saturday, 22 February 2025

Time: 5:30am - 2:00pm

Venue: Derby Memorial Swimming Pool

Registration Close: 18 February 2025

Team Name	
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Please note, all participants must complete an individual registration form to participate in the event.

	Name	Age	Contact Number	Email Address
1				
2				
3				
4				
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12				

The Derby Swim Classic is a 20km swimming marathon held at the Derby Memorial Swimming Pool to promote health and wellbeing within the Derby Community. You can compete as a solo swimmer, duo swim team, team of four or as a novelty team of five to 12 participants.

All forms and payment must be received prior to the registration closure date to participate.

If you require any further information please contact the Aquatic and Recreation team on 91910999 or email aquatics@sdwk.wa.gov.au

Derby

(08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



Participants Registration Form				
Name		Gender		M F
Medical Conditions				
Emergency Contact				
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 displays				
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 Shire of Derby/ West Kimberley condition of participant and declaration.				
Yes	No	Participants Signature	Date	

A parent or guardian must sign if the participant is under the age of 18 years.

Parent/ guardians name	Parent/ guardians Signature	Date

OFFICE USE ONLY

Applicable fees: \$15.00 per person

Officers details	Date payment received	Payment type	
			Cash
	Payment amount	Receipt	

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Participations Conditions and Declaration

1. Acknowledgement of Risks

I acknowledge that participating in physical activities involves inherent risks, including, but not limited to, serious injury or death due to overexertion, equipment failure, dehydration, accidents involving other participants, spectators, road users, adverse course or weather conditions, or other unforeseen factors.

2. Health and Medical Assessment

I understand that I should not participate in these events unless I have trained adequately and received clearance from a medical professional regarding my physical condition.

3. Acceptance of Risks

By participating in these events, I accept all risks associated with my involvement, which may include the risk of serious injury or death. I release all persons or organizations associated directly or indirectly with the event from any claims, demands, or legal actions arising from my participation. I further indemnify them against all liabilities, including those arising from negligence (on the part of event organisers, other participants, or third parties), for any injury, loss, or damage connected with my participation.

4. Consent to Medical Treatment

I consent to receive any medical treatment, including ambulance transportation, deemed necessary by event organisers during or after the event.

5. Insurance Disclaimer

I understand that the compulsory insurance coverage provided for participants may not cover all types of injuries, losses, or damages sustained during my participation in the event.

6. Acknowledgement of Safety Measures

While event organisers will implement safety precautions (such as course supervision and race briefings), these measures are a service and do not guarantee my safety.

7. Responsibility for Personal Property

I am solely responsible for the security of my personal possessions during the event.

8. Non-transferability of Registration

My registration is non-transferable. If I am unable to compete, or if the event is cancelled due to circumstances beyond the control of the event organisers, my registration fee will be refunded.

9. Disclosure of Medical Conditions

I have disclosed any medical or physical conditions that may affect my performance or be relevant to my participation on the registration form. I accept the risks associated with these conditions.

10. Compliance with Event Rules

I agree to abide by all event rules and follow any directions provided by the event organisers.

11. Changes to Event Conditions

Event organisers may modify the event format, course, or other race conditions at their discretion. This agreement applies to any such changes.

12. Media Consent

I consent to the use of photographs, videos, or other media taken during the event.

These may be used for promotional purposes by the event organisers, including but not limited to social media, advertising materials, brochures, posters, and internal displays.

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