ENTRY FORM & TAX INVOICE

EVENT COORDINATOR:
Mudgee Triathlon Club
PO Box 802, Mudgee NSW 2850
www.mudgeetriclub.hwy.com.au

bevco.com.au

MUDGEE MARATHON WEEKEND
22nd – 23rd AUGUST 2009

Pieter van Gent WINERY & VINEYARD

Mudgee Guardian AND GULGONG ADVERTISER

HALF MARATHON

5K & 10K FAMILY FUN RUN

Marathon and Half starts at 7am Sunday 23rd Aug, Short St, Walkers Field. A 3hr cut-off time will apply at the half way mark for the Marathon.

Awards Presentation: Oriental Tavern 2pm, Sun 23rd Aug.

Fun Run starts at 3pm Saturday 22nd Aug, Lawson Park.

Please tick	RACE	CATEGORY	COST
☐	**Marathon**	☐18-29 ☐30-39 ☐40-49 ☐50-59 ☐60+	$65 + $15 late fee
☐	**Half Marathon**	☐18-29 ☐30-39 ☐40-49 ☐50-59 ☐60+	$45 + $15 late fee
☐	**10km Fun Run**	☐u12 ☐12-15 ☐16-19 ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60+	$20
☐	**5km Fun Run**	☐u12 ☐12-15 ☐16-19 ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60+	$12 Adults $8 under18 / 60+

A $15 late fee applies for all Marathon & Half entries **received after 12th Aug**. Late entries will receive a Finishers Medal however a Finishers T-shirt is NOT guaranteed and is subject to availability. We encourage everyone to register online at www.mudgeetriclub.hwy.com.au.

INDIVIDUAL OR TEAM CONTACT – ALL FIELDS MUST BE COMPLETED.

FIRST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **SURNAME:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

POSTAL ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **SURBURB:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

STATE: ☐☐☐ **POSTCODE:** ☐☐☐☐ **CONTACT PH / MOBILE** ☐☐☐☐☐☐☐☐☐☐ **SEX M/F** ☐ **EMERGENCY CONTACT NAME / NUMBER** _____

AGE (ON RACE DAY) ☐☐ **DATE OF BIRTH:** ☐☐☐☐☐☐ compulsory **EMAIL** _____

TEAM NAME / BUSINESS NAME: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

FUN RUN ONLY. Based on 3rd runner home.

FINISHERS T-SHIRT SIZE *(for Marathon & Half entrants only):*

MENS S☐ M☐ L☐ XL☐ XXL☐ **LADIES** XS☐ S☐ M☐ L☐ XL☐

PARTICIPANTS AGREEMENT – MUST BE SIGNED BY ALL COMPETITORS. 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 running involves the real risk of serious injury or even 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.By competing, I accept all risks necessarily flowing from my participation that could result in loss of life or permanent injury. Accordingly, I release all people associated with the conduct of the event from, and will indemnify them against, all liability (including liability for their negligence) for all injury, loss or damage arising out of or connected with my participation in this event. For clarification, the people released include event organisers, promoters, sponsors, managers, government and public authorities, Athletics Australia, its members state and territory triathlon associations and all of their respective directors, officers, employees, agents, contractors and volunteers including event medical and paramedical personnel. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.
4.I consent to receiving any medical treatment that event organisers think desirable during or after the event.
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.I am fully responsible for the security of my personal possessions at the event.
7.I agree to abide by all race rules and directions issued by the event organiser.
8.I certify that I am 18 years of age or older and I have read this agreement and fully understand it.

SIGNATURE: _____ **DATE:** _____

DECLARATION By Parent or Guardian if under 18: As Parent or Guardian of the Competitor, I agree to the above for myself and on behalf of my child. I indemnify and will keep indemnified all people associated with the conduct of the event on the terms referred to above.

NAME _____ **SIGNATURE:** _____ **DATE:**_____

PAYMENT

AMOUNT INCLUDED WITH FORM $ _____ ☐ Chq ☐ Money Order

Please include $15 late fee.