



Rotary Club
of Sale

Lap the Lakes 2010

Registration Form



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Team Name:			
Competition:	<input type="checkbox"/> Men's	<input type="checkbox"/> Women's	<input type="checkbox"/> Mixed (two males and two females)
Session Time:	<input type="checkbox"/> 12.00pm – 2.00pm	<input type="checkbox"/> 4.00pm – 6.00pm	

	Name	Phone	Email	Gender	T-Shirt Size (S, M, L)	Signature *	Cost (per person) \$15 Full Fee \$10 Concession
Team Member 1 (Team Contact)							
Team Member 2							
Team Member 3							
Team Member 4							
Total Team Cost							

* By signing I acknowledge that I have read and understood the injury indemnity (see following page). Guardian/parent to sign for under eighteen year olds.



The Rotary Club of Sale is the 2010 preferred charity



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INJURY INDEMNITY

- **IMPORTANT:** Please ensure all participants read the information below. All team members must read and sign the injury indemnity before entry will be accepted.

It is highly recommended that all participants have personal health insurance to cover any accident or injury incurred during participation in this event.

- I, whose signature appears on the registration form in consideration of and as a condition of acceptance of my entry in this event, for myself, my heirs, executors and administrators, hereby waive all and any claim, right or cause of action which I or they might otherwise have for or arising out of loss of life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry or participation in – the said event.
- This waiver, release and discharge shall be and operate separately in favour of all persons, corporation and bodies involved in staging the event or otherwise engaged in promotion, staging the event and the servants, agents, representatives and officers of any of them.
- I recognise the physical risks associated with this event and declare that I am physically fit to participate safely in this event, and that I have not been advised otherwise by a qualified medical person.
- I hereby acknowledge I have sole responsibility for my personal possessions and athletic equipment during the event and related activities.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event.
- I hereby acknowledge that I have disclosed all information requested on the entry form.
- I give permission for my photograph to be used for promotional purposes for 'Lap the Lake' (*delete if you would prefer not to have your photo used*)

PAYMENT

Payment by Cheque/Money Order to be made out to The Rotary Club of Sale

Total Team Amount: \$ _____

Cheque/Money Order number (Office use only): _____

Payment by Cash:

Payments by cash are to be made on the day. Please ensure that you have the correct money.

Total Team Amount to be paid: \$ _____

Paid (Office use only): \$ _____

Please return registration form by Wednesday 13th October to: Wellington Primary Care Partnership, 155 Guthridge Parade, Sale, 3850



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