



OFFICE USE ONLY
EVT CODE: _____
RECEIPT #: _____
AMOUNT PAID: _____

Old Bar Skate Jam – 1st October 2011

Name _____ Date of Birth ____/____/____

Address _____ Post Code _____

Phone _____ Email _____

Signed _____ Parent (Minors only) _____

Emergency Contact Name _____ Relationship _____ Contact Phone _____

Allergies _____

Regular Medications _____

ENTRY FEE OPTION: *(please tick)*

A) Entry into Skate Area (Wearing Helmet)

Gold Coin Donation

U12

U16

Womens

Open, Sponsored

B) Entry into Skate Area (Wearing Helmet) + Skateboarding Australia Membership

Gold Coin Donation + \$20 (Become a member of Skateboarding Australia, which includes Basic Personal Accident Insurance Cover)

U12

U16

Womens

Open, Sponsored

I hereby apply for membership of Skateboarding Australia (SbA). I acknowledge that SbA may reject this application at its discretion. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages and services of membership. Skateboarding Australia (SbA) is a subsidiary of Skate Australia (SA). For the purpose of this declaration, „SbA“ means and includes Skateboarding Australia, its members (including Clubs) and their respective directors, officers, members, servants or agents.

RULES:

The SA Constitution:

- (a) Constitutes a contract between me and SbA. I will be bound by the SA Constitution, any regulations made under the Constitution and the SA Rules and Regulations (Bylaws) and my club Constitution (if appropriate).
- (b) Is made in the pursuit of a common object, namely the mutual and collective benefits, of SbA, the members of SbA (including me) and skating activities;
- (c) Is necessary and reasonable for promoting the objective of SbA and particularly the advancement and protection of skateboarding activities.

I understand that the cover is limited to the following :

Medical and Dental Costs

The cover reimburses 85% of non-Medicare medical treatment including ambulance, hospital accommodation / theatre fees, orthotics, splints, prosthesis, treatments given by a dentist, chiropractor, masseur, naturopath, osteopath or physiotherapist. The maximum benefit is \$2,000. All treatment must be certified by a registered medical practitioner and not subject to any Medicare rebate. All claims are subject to a \$50 excess if no private health cover. Any expenses must be incurred within 12 months of the insured person sustaining the injury.

Proudly Supported By



"Event" means : Shred for Normie Memorial Skate Comp
(name of event)

"Event Organiser" means : Compass Business & Community Services
(name of event organiser)

"Skateboarding Australia" means Skateboarding Australia., PO Box 721, Beenleigh, Queensland, 4207, and includes all directors, officers, members, agents and sponsors of that organisation.

In consideration for, and as a condition of my registration into the Event, including participating in any or all pre or post Event activities and social activities I hereby

1. Warrant that I am medically fit (including physically and mentally) to compete in the event and that I have not been advised otherwise by a medical practitioner.
 - i. Agree that I am participating in Event at my own risk and acknowledge that all Skate activities are risky and inherently dangerous and may result in serious personal injury including permanent disability and/or death to me as a competitor in the Event and that may or will involve the risk of severe economic or property loss and damage and I understand that such injury or loss may result not only from by actions but from the actions, omissions or negligence of others. In particular and without limiting this declaration, I agree that if I choose not to wear a helmet when participating in the Event I do so entirely at my own risk and I accept the risks of this decision.
 - ii. Warrant that I will inspect the competition area and all fixtures, fittings, equipment, and other things supplied, provided or used in or related to the conduct of the Event and agree that I will not participate in the Event unless I am completely satisfied with the adequacy and conditions.
 - iii. Agree to abide by the rules and regulations of the Event , Event Organizer and Skateboarding Australia and I will abide by all written and verbal instructions as may from time to time by given by the Event Organizer and/or their appointed personnel. I agree that failure to comply with any rule may result in disqualification from the event. I agree that I will at all times participate in the event with fair play and sportsmanship.
 - iv. Agree that except where provided or required by law and such cannot be excluded, I agree that it is a term of my participation in the Event (if accepted) that Skateboarding Australia and the Event Organiser are each absolved from all liability and claims however arising from injury or damage however caused (whether fatal or otherwise) arising out of my participation in the Event. I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of Skateboarding Australia and / or the Event Organiser flowing from them, are expressly excluded by this registration form.
 - v. Release and forever discharge Skateboarding Australia and the Event Organiser from all and any claim, right or cause of action however arising, whether or not presently ascertained, immediate, future or contingent, which I may otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever and howsoever caused which I may suffer or sustain in the course of or consequent upon my participation in the Event.
 - vi. Indemnify and keep indemnified Skateboarding Australia and the Event Organiser against any claim, right or cause of action howsoever arising, whether or not presently ascertained, immediate, future or contingent which I may have for or arising out of loss of my life or injury, damage or loss of any description whatsoever and howsoever caused which I may suffer or sustain in the course of or consequent upon my participation in the Event.
 - vii. Agree that the exclusion of liability, release and indemnity contained in paragraphs 5, 6 and 7 above may be pleaded as a complete bar to any claim, notice, demand, action, proceeding, litigation or judgment which has or may be brought or made or recovered against Skateboarding Australia or the Event Organiser.
 - viii. Agree that, without limitation to the waiver, release and discharge contained in paragraph 5 above and the indemnity contained in paragraph 6 above, the liability of the Event Organiser and Skateboarding Australia will be limited to that part of the Event which is located at or held on its premises and the Event Organiser will not be liable in any circumstances or to any extent for any action arising in relation to that part of the Event which is located at or held on the premises of another Event Organiser; and
2. Agree and acknowledge by my participation in the Event that performing aerial maneuvers and specifically, inverted aerial maneuver or off axis rotations ("Inverts") is inherently dangerous and carries a high risk of serious personal injury, illness, permanent disability and/or death which may or will result in severe economic and/or property loss and damage and I fully recognize and accept those risks.
- 3.

I have read carefully and understand this declaration, warrant, waiver and release, and having done so, I sign voluntarily.

Name: _____ Signature: _____ Date: _____

Please print

DECLARATION FOR MINORS: If you are under 18 years of age on the day this declaration is signed, the declaration must be signed by your parent or guardian. I warrant and certify that I am the parent or guardian of the child named below ("My Child") who will be _____ years of age on the date of the Event and that he/she has my consent and is capable of participating in the Event. I confirm that I have read and understand the above declaration, warranty and release and that I agree, on behalf of My Child, to be bound by each of those conditions having done so, I sign voluntarily.

Signature Parent/Guardian : _____ Please Print Name in Full _____

Name of Minor (Participant): _____ (My Child) Date _____

Relationship of Parent/Guardian to Minor: _____ Age of Parent/Guardian _____

PUBLICITY RELEASE. I hereby unconditionally assign to the Skateboarding Australia all right, title and interest I/My Child may have in any and all audio, audio visual and/or photographic recording of me/My Child in the Event and grant to Skateboarding Australia permission to use, display, licence, sell and publish or otherwise deal with the audio, audio visual and/or photographic recording of me/My Child, including for the purpose of advertising, promotion or otherwise. I further agree that any such recording(s) will remain the property of Skateboarding Australia.

Signature of Participant or Parent/Guardian if the participant is a minor: _____

MEDICAL RELEASE FOR MINORS:

- A. I permit any authorized employee or volunteer of the Event Organiser and Skateboarding Australia Inc to arrange for medical attention for My Child or to transfer my child to a Medical Centre or to a hospital, if in the opinion of that person, medical attention is needed or is likely to be needed by My Child.
- B. I agree that on transporting my child to any hospital or medical facility the Event Organiser and/or Skateboarding Australia Inc shall have no further responsibility for, or in respect of My Child.
- C. I agree to pay all costs associated with such medical care or attention and for related transportation for my child and I agree to indemnify and to keep indemnified the Event Organiser and Skateboarding Australia for and in respect of any such costs incurred.
- D. I further authorize a Medical Centre or any hospital, its assign, employees or agents to render any necessary or emergency medical care or attention to My Child if considered necessary by a medical practitioner employed by a Medical Centre or any hospital.
- E. I am aware that the practice of medicine in a surgery is not exact science and I acknowledge that no guarantees have been made to me as to the result of treatment or examinations at a Medical Centre or at any hospital.

Signature Parent/Guardian : _____ Please Print Name in Full _____

Name of Minor (Participant): _____ (My Child) Date _____



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CONSENT AND WAIVER FORM – EVENT PHOTOGRAPHY

I, _____, hereby give 'Shred for Normie' event organisers permission to take photographic and video footage during the 'Shred for Normie' event. I understand these images may be used for promotional purposes in both print and the internet as well as by event sponsors. I acknowledge I have no rights to these images or payment for such.

I am over 18 years of age, or if under the age of 18 have parental consent below. I have read this release and I am familiar with its contents.

Address _____

Phone No _____ Mobile Phone _____ Date _____

Signed _____

Witnessed by (Print Name) _____ Signed _____

Address _____ Date _____

Consent for a Minor

I am the parent and/or the guardian of the above mentioned minor and have the legal authority to execute the above release.

Parent or
Guardian (Print Name) _____ Signed _____

Address _____

Phone No _____ Mobile Phone _____ Date _____

Witnessed by (Print Name) _____ Signed _____

Address _____ Date _____

