



Pedal4Paramedics

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Entry Form – Central Qld 2020

☐ Full event \$700☐ Single Day \$150/day

Dates for single day entry (please tick)

☐ Mon 11 ☐ Tue 12 ☐ Wed 13 ☐ Thu 14 ☐ Fri 15 ☐ Sat 16 ☐ Sun 17**PARTICIPANT DETAILS:**

Name: _____

Address: _____ Postcode: _____

Email: _____

Mobile: (_____) _____ DOB: _____ / _____ / _____

Medicare No. _____

Private Health: YES / NO Fund _____

Card no. _____

It is The Participant's responsibility to have available, as they need, suitable food and/or medication which may be necessary to treat any **particular medical condition** from which they suffer. However, the organisers would like to know about any medical conditions, medications, allergies or dietary needs to ensure an appropriate clinical response for you, should there be a need.

Medical Conditions: _____

Medication: _____

Allergies: _____

Dietary needs: _____

General Practitioner: _____ GP Contact Number: _____

EMERGENCY CONTACT:

Name: _____

Phone: _____

MEMBERSHIP DETAILS: (Triathlon Aust, Cycling Qld, Cycling Australia, etc)

Organisation: _____ Membership number: _____

You must read, sign and date the 'release from liability' and return it with your entry form.

PLEASE READ THIS ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY CAREFULLY:

WARNING: This is a legal document that affects your rights.

1. I acknowledge that the Pedal for Paramedics Challenge involves the real risk of serious injury or even death from various causes including overexertion, equipment failure, dehydration, accidents with other participants, spectators or road users, course or weather conditions and other causes.
2. I understand that I should not compete in this event unless I have trained appropriately and my physical condition has been verified by a medical practitioner.
3. By competing, 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 organisations/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 this event. This release shall extend to and include organisers and Queensland Ambulance Legacy, and their respective directors, board members, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupiers of land upon which the event or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any manner whatsoever and promoters, sponsors and event organisers. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.
4. I consent to receiving any medical treatment including ambulance transportation that the event organisers think desirable during or after the event.
5. I consent to event organisers using my name, image and likeness before, during or after the event for event promotional broadcasting or reporting purposes in any media.
6. I understand that insurance cover effected for participants in this event will not cover me for any or all injury, loss or damage sustained by me.
7. Safety precautions undertaken by organisers (such as event supervision, safety briefings, bicycle and helmet safety checks) are a service to me and other participants but are not a guarantee of safety.
8. I am fully responsible for the security of my personal possessions during the event.
9. 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 organisers, my registration fee is non-refundable.
10. I have listed my medical or physical conditions from which I suffer that might affect my performance or be relevant if medical or physical conditions from which I suffer that might affect my performance or be relevant if medical treatment is needed. I accept the risk of competing, despite these conditions.
11. I agree to abide by all rules and directions issued by the event organiser.
12. 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.
13. I am a current member of a national or state cycling or triathlon organisation.

Your will need to sign, date, scan and send this release from liability form with your entry.

X

Rider's Signature

Your entry will not be accepted without a signed and dated 'Release from Liability form'.

ORDER FORM

Sizing charts are on our website: <https://www.qaslegacy.org/2020-pedal4paramedics-challenge>

We will have a design very soon and will post it onto the Facebook site at:
www.facebook.com/Pedal4ParamedicsChallenge

Male: ☐ Female: ☐

Jersey Size: _____

Knicks Size: _____

T-Shirt size: _____

Additional Cycling Kit or Day entry:

Number of Jerseys: _____ @ \$60 each

Number of Bib Knicks: _____ @ \$90 each

Total for extra Cycling Kit _____

For those participating in the full event we will order **one** jersey and **one** set of bib knicks as part of your entry fee. Single day entries receive **one** jersey only.

Payments can be made to:

Account: (QBank) Pedal4Paramedics Challenge

BSB: 704-052

Account Number: 100158439

Reference: Participants Name

Entry, indemnity form, and order must be
emailed by COB:

Friday 27 March 2020

Pedal4Paramedics@qaslegacy.org

Event also supported by:

