



# ATHLETE REGISTRATION FORM

## 2017 SEASON

I HEREBY APPLY FOR REGISTRATION WITH QUEENSLAND RUNNING FOR THE 2017 SEASON. I UNDERSTAND THAT IT WILL BE MY SOLE RESPONSIBILITY TO ENTER AND/OR TO START OR CONTINUE IN ANY RACE OR COMPETITION ORGANISED BY QUEENSLAND RUNNING.

FURTHER, I INDEMNIFY QUEENSLAND RUNNING, THE STATE ATHLETIC CLUBS ASSOCIATION INC, ITS OFFICERS, OFFICIALS AND SPONSORS FROM ANY CLAIM/CLAIMS AS A RESULT OF LOSS, INJURY, ACCIDENT OR INCIDENT OF ANY KIND ARISING FROM MY PARTICIPATION IN ANY CROSS COUNTRY OR CHAMPIONSHIP EVENT DURING THE 2017 SEASON. I ALSO CONSENT TO THE PUBLICATION OF MY/OUR PHOTOS FOR PROMOTIONAL PURPOSES.

PLEASE NOTE: YOUR REGISTRATION FEE INCLUDES ATHLETE INSURANCE. A COPY OF THE ASSOCIATION'S INSURANCE COVER IS AVAILABLE ON REQUEST.

### REGISTRATION FEE \$12.00 PER ATHLETE

Name of Athlete: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: (at date of Registration) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Club/School/Group/Association for which you wish to run:  
\_\_\_\_\_

Were you previously registered in the 2015 or 2016 Season?:  YES  NO Number: \_\_\_\_\_

Do you have any physical or medical disabilities or conditions which will place your health or well being or the health or well being of others in jeopardy as a result of your participation in Queensland Running Competitions?

YES  NO If YES, please provide details:

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent/Guardian (if under 18 years): \_\_\_\_\_

Date: \_\_\_\_\_ ALLOCATED NUMBER:

Your first run of the Season is FREE of charge. A \$1.00 discount on all Entry Fees for the Season, excluding Championship Events represents a maximum saving of \$18.00 for the Season.

Note: Insurance benefits and conditions may change without notice due to Underwriter requirements