



Where:	Rond Terraces, Commonwealth Park
When:	11 October 2009
Time:	Registrations from 9am on the day. Walk starting 10am
Route:	5k around Lake Burley Griffin

Participant/Team Leader Details: First Name _____ Surname _____

Registration Type: Individual Family Team (max 6) Corporate Team (min 4 - max 10)

Team Name (if applicable): _____

Address _____ Postcode _____

Tel Home _____ Mobile _____

Email _____ DOB _____

Emergency Contact _____

Existing Medical Conditions/Allergies _____

Entry Costs:

Early Bird (by 4 Oct):

\$15 Individual \$30 Family \$10 Corporate Team (per person)

On the Day:

\$20 Individual \$40 Family \$15 Corporate Team (per person)

Total Entry Fee: \$.....

I would like to buy Great Strides T-shirts to wear on the day (\$20 each) - Limited adult sizes available.

Quantity:

Adult S M L XL

I would like to make a tax deductible donation

Total Includes GST: \$.....

Payment: CASH CHEQUE MONEY ORDER MCARD VISA

Name on Card _____

Signature _____

Credit Card Number _____ Expiry Date _____ CVC _____ Total Amount \$.....

Team Members

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Participant's Agreement Declaration: Please read the Conditions of Entry and Waiver Overleaf. Entry forms will not be accepted without an accompanying signature below and on the Waiver overleaf. Participant's Signature of Parent/Guardian Signature if under 18 years of age.

.....
Signature _____ Date _____

Please return this entry form with payment to: Cystic Fibrosis ACT, PO Box 909, Civic Square, ACT 2608
Tel: (02) 6259 7922 Email: info@cfact.org.au

RELEASE, WAIVER AND INDEMNITY CF ACT

YOUR SIGNATURE ON THIS FORM IS YOUR ACKNOWLEDGEMENT AND ACCEPTANCE OF THE TERMS AND CONDITIONS LISTED BELOW. A PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED IF YOU ARE UNDER 18 YEARS OF AGE.

Please ensure that all participants sign this form and either fax or mail it back to CF ACT with your registration form.

I acknowledge that CF ACT Limited has arranged a charity walkathon (Event) and that my participation in the activity is solely at my discretion. I acknowledge that CF ACT Limited do not accept any responsibility for any loss or damaged suffered, whether personal injury, death or property damage, howsoever caused while undertaking the activity.

I acknowledge that the Event involves the real risk of serious injury or even death from various causes including overexertion, equipment failure, accidents with other participants, spectators or road users and other causes. I represent and warrant that I am medically able to participate in the Event and I am not aware of having any physical, medical, mental, genetic or other health disability, disease or condition that maybe be aggravated by my participation by my participation in the Event. By participating in the Event, I accept all risks necessarily flowing from my participation which could result in loss of life or permanent injury. I consent to receiving any medical treatment that the activity organisers think desirable during or after the activity. I am fully responsible for the security of my personal possessions at all times during the activity.

I, the undersigned Participant, for my lawful guardians, heirs, successors and assigns, hereby waive all claims, demands and proceedings against CF ACT Limited, their agents or servants and release them from all claims, demands and proceedings which may arise directly or indirectly out of or during my participation in the activity, including liability for personal injury, death or property damage which may arise due to any negligent act or omission or otherwise. I also indemnify CF ACT Limited with respect to any claims which may arise from or be contributed to by any negligent act or omission by me.

I have read and understood all teh terms contained in the Release, Waiver and Indemnity form. Continue with payment.

Name of Participant	D.O.B	Signature	Date

I the Parent or Guardian of the above Participant, hereby waive all claims, demands and proceedings on the part of the Participant against Cystic Fibrosis ACT Limited, their agents or servants and release them all from claims demands and proceedings which may arise directly or indirectly out of or during the participant's participation in the activity, including liability for personal injury, death or property damanage which may arise due to any negligent act or omission otherwise. I also agree to indemnify Cystic Fibrosis ACT Limited with respect to any claims which may arise from or be contributed to by any negligent act or omission by that participant. I acknowledge that I have read and understood the terms contained in this Release, Waiver and Indemnity form.

Name of Child	D.O.B	Name of Parent/ Guardian	Parent/ Guaridan's Signautre	Date