



Where:	Hervey Bay - 5km
When:	13 September 2009
Time:	Registration from 9:00am. Walk starts 10:00am
Route:	Scarness Foreshore Park (at the end of Queens Rd, Scarness) halfway turn around at Eric St.

Proudly Supported by:  
LJ Hooker Hervey Bay



Participant/Team Leader Details: First Name \_\_\_\_\_ Surname \_\_\_\_\_

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

Team Name (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Tel Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Existing Medical Conditions/Allergies \_\_\_\_\_

Entry Costs:

Early Bird (by 9 Sept):

\$15 Individual  \$30 Family (parents & children - max 6)  \$10 Corporate Team (per person) (min 4 - max 10)

On the Day:

\$20 Individual  \$40 Family (parents & children - max 6)  \$15 Corporate Team (per person) (min 4 - max 10)

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  XXL  XXXL

I would like to make a tax deductible donation

Total Includes GST: \$.....

Payment:  CASH  CHEQUE  MONEY ORDER  MCARD  VISA  AMEX

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 Queensland, PO Box 2245, Chermside Centre, QLD 4032  
or by Fax: (07) 3359 3380. For more information call Tel: 1800 670 990 (Freecall outside Brisbane)  
Email: [admin@cfqld.org.au](mailto:admin@cfqld.org.au) or visit [www.greatstrides.com.au](http://www.greatstrides.com.au)

# RELEASE, WAIVER AND INDEMNITY

## Cystic Fibrosis Queensland Limited



**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 CFQ with your registration form.*

I acknowledge that Cystic Fibrosis Queensland Limited has arranged a charity walkathon (Event) and that my participation in the activity is solely at my discretion. I acknowledge that Cystic Fibrosis Queensland Limited do not accept any responsibility for any loss or damage 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 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 Cystic Fibrosis Queensland 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 Cystic Fibrosis Queensland Limited with respect to any claims which may arise from or be contributed to by any negligent act or omission by me.

I acknowledge that the entry fee is non-refundable, in the event that I do not participate in the Event, or should the Event not proceed for any reason whatsoever.

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

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 Queensland 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 damage which may arise due to any negligent act or omission or otherwise. I also agree to indemnify Cystic Fibrosis Queensland 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/ Guardian's Signature	Date