

**RECOGNITION OF RISKS / ENTRY FORM
COMPULSORY FOR ALL PARTICIPANTS TO COMPLETE**



PLEASE RETURN by: FAX TO 6282 5444 or EMAIL: helenfalla@hartley.org.au,
or mail to : PO BOX 5607 Hughes 2607, or hand in at sign on desk at start of the event

HARTLEY WHEEL-A-THON 2013

I understand that:

- My participation in this activity is voluntary and not compulsory
- I understand certain inherent risks exist in this event in which I will be participating. Although the organisation and its officials will provide me with appropriate directions and will endeavour to minimise my exposure to the risk of harm, I understand these inherent risks are beyond the control of beneficiary charity Hartley Lifecare Inc, First Aid Officers, Stromlo Forest Park, volunteers and staff and cannot be avoided by the exercise of reasonable care and skill. As such, I agree to indemnify against any action that may arise from an incident resulting from their participation in the event. Inherent risks include changes in weather conditions.
- I am aware that there are some risks that are common to many or all of the activities in which I may participate, such as the risk of harm caused by varying weather conditions and by native flora and fauna.
- Photographs will be taken at the event and media will be in attendance

Agreement

- I authorise Hartley Lifecare to arrange medical treatment and emergency evacuation services on my behalf and at my cost, in the event of my injury or illness, as it deems necessary.
- When participating in this event, I will ensure that I attend with each of the items listed on the personal gear list for the activity. I understand that Hartley Lifecare, its volunteers and staff will endeavour to keep personal items safe but that they accept no responsibility for the safekeeping of those items.
- I agree to comply with all safety requirements and event rules and instructions given by Hartley Lifecare, employees and volunteers throughout the event.
- I also understand that it is a condition of participation in any of these activities for me to accurately complete the medical record.

NAME		M F Please circle
D.O.B.		
ADDRESS		
PHONE NUMBER	W: H:	Mobile: Email:
MEDICAL ALERT		
EMERGENCY CONTACT:	NAME:	PH:
SIGNATURE	<hr/> <p align="center">I have read all of the above; I understand and agree to abide by the event rules. Parents please sign on behalf of children U18</p>	
DATED		