

REGISTRATION: CAPRICORN COAST COMMUNITY EVENTS

GREAT AUSTRALIA DAY FUN RUN 2021

PERSONAL DETAILS

NAME:.....

ADDRESS:.....

.....

PHONE:.....

EMAIL:.....

Parent or Guardian for under 18 years:.....

Emergency Contact Details

Name:..... Phone:.....

Waiver

I as above hereby acknowledge that running is a potentially hazardous activity, that I/we have entered, certify that I/we am/are medically able and properly trained. I/we also assume any and all other risks associated with participating in this sanctioned event, including but no way limited to falls and contact with other participants.

Knowing and acknowledging these risks, and in consideration of your acceptance of my entry, I/we will hereby for myself, my heirs, executors, administrators and anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Capricorn Coast Community Events (the Club), its servants, agents, or subcontractors, all instrumentalities, cities, state or councils where club events are held, and all sponsors, volunteers and representatives and successors of all liabilities, claims, damages, costs or expense which I/we may have against them arising out of or in any way connected with my participation in the Club event(s), including all injuries that may be suffered by me before, during or after the Club event(s). This release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I/we am aware that photographs may be taken of me/us during any event and I/we hereby consent to such photographs being used for Club promotion or publication.

'The Club holds Public Liability Insurance'

DECLARATION

Signature:..... Date:.....

(Parent or Guardian signature required if entrant is under 18 years)

COVID-19 CONTACT TRACING FORM

Full Name: _____

Contact number: _____

Email Address: _____

Please list below the details of any guests/spectators that are attending this event with you:

Full name	Contact number	Email address

COVID-19 Declaration:

*Note: The below declaration applies to **all persons** listed on this form.*

- I/we do not have COVID-19, or any symptoms associated with COVID-19 (e.g. fever, cough, sore throat, shortness of breath, sneezing, runny nose, loss of sense of smell)
- Neither I, nor any guests/spectators listed on this form are awaiting the result from being tested for COVID-19
- I/we have not been in contact with any known or suspected cases of COVID-19 in the past 14 days
- I/we have not returned or been in contact with anyone else who has returned from overseas or a COVID hotspot in the past 14 days

Please sign below if you agree to **ALL** statements listed above:

DECLARATION

Signature:..... Date:.....

(Parent or Guardian signature required if entrant is under 18 years)