

SCOOTER JAM 2023

REGISTRATION AND PARENT/GUARDIAN CONSENT FORM

**YOU MUST WEAR A HELMET AT ALL TIMES WHILST PARTICIPATING
AND WHILST ON THE SKATE PARK**

NAME AND ADDRESS

First Name		Last Name				
Address						
	Suburb		State		Postcode	
	Mobile					

EMERGENCY CONTACT DETAILS

Relationship					
First Name		Last Name			
Telephone	Home		Mobile		

PERSONAL INFORMATION

Date of Birth	
Email Address	

COMPETITION CATEGORY

U12	<input type="checkbox"/>	13-15	<input type="checkbox"/>	16-25	<input type="checkbox"/>
Scooter	<input type="checkbox"/>	Skateboard	<input type="checkbox"/>	BMX	<input type="checkbox"/>

ENTRANT DECLARATION

I declare that all information provided is true and correct.

NAME: _____

SIGNATURE: _____

Date: _____

PARENT/LEGAL GUARDIAN CONSENT

*I understand the demanding physical nature of the SCOOTER JAM and **acknowledge that the participant has** trained accordingly. I am not aware of any medical condition or impairment that will be detrimental to **the participant's** health if **he/she** participates in this event. **If I** become aware **that the participant has** any medical condition or impairment, or **becomes** otherwise sick or injured prior to the event, I will withdraw **the participant** from event.*

NAME: _____

SIGNATURE: _____

Date: _____

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ENTRANT RISK AND INDEMNITY WAIVER FORM

Entrant's Name _____ Parent's Name _____

Address _____

Phone: _____ Date Of Birth _____

I accept all risks and release the event organisers, its agents, affiliates, employees, members, sponsors, promoters, volunteers and any person or body, directly or indirectly associated with the event, from all claims, demands and proceedings arising out of or connected with (name) _____'s participation in this event. This release continues forever and binds my (name) _____ heirs, successors, executors, personal representatives and assigns.

I indemnify the event organisers, its agents, affiliates, employees, members, sponsors, promoters, volunteers and any person or body, directly or indirectly associated with the event, from all claims, demands and proceedings, including all liability for all injury, loss or damage arising out of or connected with my participation in the event.

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

Signature of Parent or Guardian

Date

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ACKNOWLEDGEMENT OF USE OF IMAGE FORM (ADULT AND u18)

I, the undersigned person, hereby acknowledge:

1. The photograph/image/footage described below ('the image/footage') has been taken for the Break O'Day Council.
2. The image/footage may be deposited by the Break O'Day Council in its 'Image Library'.

.....
Signature of person in image

.....
Signature of parent/guardian

.....
Print name

.....
Print name

.....
Address

.....
Address

.....
Contact phone number

.....
Contact phone number

Note: If the person being photographed is over the age of 18, the signature of a parent/guardian is not required

SUBMIT

- Download, save, fill out PDF on your computer and submit using the SUBMIT button above
- Return via email or print, fill out on paper, scan and email to community.services@bodc.tas.gov.au
- Drop off to Break O'Day Council 32-34 Georges Bay Esplanade, St Helens TAS 7216

