



KYOGLE FAIRYMOUNT FESTIVAL

STRENGTH AND FITNESS CHALLENGE

31ST MARCH 2019

WAIVER OF LIABILITY / PERMISSION / MEDICAL RELEASE FORM

This form must be completed by any contestant of Fairymount Festival Strongman and Fitness Challenge 2019. You will not be allowed to participate without this form completely filled out and signed before the Competition.

Name of contestant: Date of Birth:

Home address:

Phone: Email:

Emergency Contact During Event :

Relationship to contestant:

Emergency Phone Number:

TERMS & CONDITIONS

- Open to people over 18 years of age
- Contestants must pay the entry fee of \$15 before competing
- The contestants recognise there are separate strength and fitness events
- Individuals must wear clothing appropriate to the challenge/exercise
- The Challenges will be overseen by Scott Hamel (the "instructor")
- Contestants will obey and follow all instructions given by the instructor
- The instructor and persons delegated by him will be responsible for time keeping and measurements and the results will be final
- Placegetters will be determined from results gathered by the instructor and his delegate

I, am a participant in the Kyogle Fairymount Festival's Strength and/or Fitness Challenge in Kyogle. I acknowledge and understand that: There is a risk of injury when participating in the day; any of the participants may be accidentally injured whilst running, jumping, catching or even standing still; there will be a lot of people around, running, racing and moving quickly; even though the organisers and the participants will be doing their best to ensure no-one gets hurt, there is still a possibility of injury; I do not have to participate, and I do so of my own free will. I accept the risk of injury in consideration of and as a condition of acceptance of my entry in the Kyogle Fairymount Festival's Strength and/or Fitness Challenge Event; I waive all and any claim, right of course of action which I or my heirs might otherwise have for or arising out of loss of life or injury, damage or loss of any description whatsoever, that I may suffer in my participation in the event.

MEDICAL TREATMENT

I consent to myself receiving Medical Treatment which may be advisable at the event of illness or injuries suffered by me during this event.

PRIVACY

I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event. I agree that no liability of any kind will be attached to any person involved with the organisation of this event. Safety precautions undertaken by the organisers of this event are a service to me and other competitors but are not a guarantee of safety. I acknowledge that I have read and understood all of the conditions of entry and agree to abide by the conditions of the event as stated in this declaration.

Print Contestant Full name:

Signature:

Date: