

Under 8 Entry Form
Free Entry

ALLEZ SPORT
Cross Country Series 2019



(Please Print)

Name: _____ **Phone:** _____

Address: _____

_____ **e-mail:** _____

1. What is your Date of Birth: _____ **2. Male or Female (Please circle)**

NOTE: Must be aged 7 or under at 31st December 2019 !

Waiver

Entry cannot be accepted unless signed

1. We, the undersigned, in consideration of and as a condition of the entry of the above named competitor in the event for the competitor, the competitors parents, guardians, executors and administrators, hereby waive all and any claim, sight or cause of action which I or they might otherwise have for or arising out of the loss of my life or injury , damage or loss of any description whatsoever which the competitor may suffer or sustain in the course of or consequent upon the entry or participation in this event. This event being the Sunshine Coast Cross Country Series 2019.

2. The waiver, release or discharge shall be and operate in favour of the Queensland Athletic Association Limited (Queensland Athletics), The University of Sunshine Coast Athletics Club and Maroochy Athletics as hosts for this event, any other associated organization/s, members of the Association and all sponsors and officials, paid or voluntary and shall so operate whether the damage or cause is due to any act or neglect of any of them.

Signature of Guardian: _____

I certify that I am the parent/guardian of _____ who will be _____ yrs of age **at the end of the 2019** calendar year, and that he/she has trained for and has my consent to compete in this event.

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