



Kalbar & District Community Bank



TRACTOR PULLING COMPETITION

REGISTRATION FORM - SENIOR / JUNIOR (PLEASE CIRCLE)

| | | |
|--|----|-----|
| TEAM NAME:- | | |
| TEAM MANAGER: This is the person we will contact about the event. | | |
| MOBILE:- | | |
| EMAIL:- | | |
| NOMINATED LOCAL SCENIC RIM COMMUNITY OR SPORTING GROUP | | |
| TEAM MEMBERS: | 1. | 7. |
| | 2. | 8. |
| | 3. | 9. |
| (only 4 for Junior comp) | 4. | 10. |
| | 5. | 11. |
| | 6. | 12. |

PLEASE NOTE: All team members will be asked to sign a waiver prior to competing in the event. If you have any members that are under 18 years of age, a parent/guardian will need to sign the waiver on their behalf. Participation in the Senior Competition is not recommended for persons under 16 years of age.

PLEASE RETURN COMPLETED FORM TO:

Kelli Rabbitt
Visitor Information Centre & Events Officer
 Scenic Rim Regional Council
 P 07 5540 5263
kelli.r@scenicrim.qld.gov.au



Tractor Pulling Competition

Participant Waiver, Release and Acknowledgement Form

In this Form 'Council' means Scenic Rim Regional Council.

By participating in the Tractor Pulling Competition ("the Event"):

1. I acknowledge that it is a condition of participating in the Event that I do so at my own risk. I accept all risks and release the Council from all claims, demands and proceedings arising out of or connected with my participation in the Event and indemnify them against all liability for any injury, loss or damage arising out of or connected with my participation in the Event. This release continues forever and binds all of my heirs, successors, executors, personal representatives and assigns.
2. I acknowledge that it is a condition of participating in the Event that the Council and any person or body directly or indirectly associated with the Event are absolved from all liability arising for injury or damage to myself or my property howsoever caused arising out of my participation in the Event whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of the Council and any person or body directly or indirectly associated with the Event, or otherwise.
3. I acknowledge that participating in the Event may involve a risk of serious injury or even death. I accept all risks flowing from participating in the Event.
4. I acknowledge that the Council relies on the information provided by me and state that all such information is accurate and complete.
5. I warrant that I am physically fit to participate in the Event and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.
6. I consent to receiving any medical treatment including ambulance transportation that the Council and any person or body directly associated with the Event think required during the event.
7. I acknowledge that it is a condition of participating in the Event that I follow the instructions of the Council and any person or body directly or indirectly associated with the Event at all times. I indemnify and keep indemnified the Council and any person or body directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the Council and any person or body directly or indirectly associated with the Event

Team Name:

Print name in full:.....

Address:

.....

Phone: Date:

Signature:



DECLARATION OF MINORS – UNDER 18 YEARS OF AGE

If you are under the age of 18 years on the Event Day your parent or guardian must sign this declaration.

I certify that I am the parent/guardian of _____ who will be _____ years of age on the day of the Event and that he/she has trained for and has my consent to participate in the Event. I testify that I have read the above and acknowledge acceptance of the stated conditions on behalf of the minor specified above.

In consideration of the facilities provided to us, I myself, my executors, administrators and assigns and for the child/children/under age person/s (if applicable) absolutely release and discharge the Council and any person directly or indirectly associated with the Event from all claims, demands and proceedings arising out of or connected with participation in the Event that I or the child/children/under age person/s may suffer or sustain

Signature of parent/guardian:.....

Print name in full:.....

Phone: Date.....

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENTS FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.