

ENTRY FORM

- Please ensure all areas of this form are completed
- One entry form must be completed per participant
- Family entries must be submitted together with payment

YOUR DETAILS

[PLEASE PRINT]

FIRST NAME _____

SURNAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE (H) _____

MOBILE PHONE _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

AGE ON 13 JUNE 2010 _____

GENDER (M/F) _____

WHICH CATEGORY ARE YOU ENTERING?

- Individual
- Family
- Corporate (name of business) _____

School (name of school) _____

WHICH EVENT ARE YOU ENTERING?

- 10km run (must be aged 13 years and over)
- 4km walk or run

MEDICAL CONDITIONS

Please indicate if you have any of the following medical conditions:

- Asthma Epilepsy
- Diabetes Heart/Lung complaint
- Other (please specify) _____

ENTRY FEES

It's free for GMF Health members to enter the GMF Health 'Give it a Go' Kalgoorlie-Boulder Fun Run and Walk **if you register before event day!** Simply include your GMF Health membership number on your entry form.

	Early-bird (Online and postal) By 8 June 2010	In-person prior to event 11 June 2010	In-person on event day 13 June 2010
GMF Health member	Free!	Free!	\$20
Under 18 years of age	\$10	\$20	\$20
18 years of age and over	\$15	\$20	\$20
Families (two adults and two children aged under 18 years)	\$40	\$50	N/A

Please note that all participants will receive a race timer:

FREE for GMF Health members!

My GMF Health member number is

Total amount enclosed with this entry: \$ _____

(All entry fees are inclusive of GST)

Payment Method (please tick relevant box)

Credit Card Cheque Cash

Credit Card Payment

Visa MasterCard

Name on Card _____

Expiry Date (mm/yy) _____

Cardholder's Signature _____

DECLARATION

In registering for the 2010 GMF Health 'Give It A Go' Kalgoorlie Boulder Fun Run and Walk ("the Event") I (including my executors, administrators and assigns) agree to the following terms and conditions and make the following acknowledgements:

- (1) I hereby waive all and any right or claim which I may have arising out of my death or injury, or any other loss or damage I may suffer or sustain in the course of, as a consequence of my entry or participation in the Event and release and indemnify GMF Health and all of its related companies and anyone involved in staging and promoting the Event and their personnel from and against, all liability, cost, loss or expense arising out of my participation in the Event including (but not limited to) loss of income, personal injury, damage to property and whether direct or consequential, foreseeable, due to some negligent act or omission or otherwise.
- (2) The judges' decision is final and no correspondence will be entered into.
- (3) My entry fee will not be refunded under any circumstances.
- (4) I am participating in the event at my own risk and acknowledge that: participating in the Event may involve a real risk of serious injury or even death; I am physically fit to compete safely in the Event and have sought medical advice if I have not exercised for some time or am suffering from any medical condition; and I consent to medical treatment that the Event organisers or authorised representatives consider appropriate during or after the Event.
- (5) I have declared all my medical conditions and answered the medical questions truthfully. I acknowledge prior to the Event that I should seek medical advice if I have suffered or I am suffering from a medical condition.
- (6) 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, including advertising and promotions of future GMF Health events.
- (7) I agree to read and comply with the Event rules and regulations.
- (8) I agree to return to the Event coordinator; the timing device loaned to me as a Participant in the Event and to pay the coordinator the sum of \$AUD50.00 if I fail to return the timing device before 25 June 2010. No responsibility will be taken by the coordinator for the loss of any timing device returned by mail.
- (9) GMF Health reserves the right to cancel the Event and refuse my attendance at and/or participation in the Event.

Under 18 years

I _____ certify that I am the parent/legal guardian of _____ (the Participant) who has my consent to participate in the 2010 GMF Health 'Give it a Go' Kalgoorlie-Boulder Fun Run and Walk on Sunday, 13 June 2010. I understand that by signing the above declaration for the Participant, I am responsible for ensuring that the Participant understands and complies with the terms and conditions in the declaration and indemnify GMF Health from and against all liability, cost, loss or expense arising out of any failure to comply.

Signature _____

18 years and over

I _____ certify that I have read and understood this declaration and will comply with its terms and conditions.

Signature _____

Privacy Statement

GMF Health respects and values the privacy of all information we handle about Event participants. As the Event organiser, we collect information about participants for the administration and conduct of the Event. Information collected will be securely stored on our database and only be disclosed to medical staff for delivering medical services, the newspaper and results website for publishing participants' times, and may also be given to our public relations consultant for generating media stories with prior consent. Your personal information will then be destroyed. If you do not wish to provide personal information, which is required, you may not be able to be properly registered for the Event, or contacted in case of changes to the Event. You have a right to access your personal information, which is held by GMF Health.

A copy of GMF Health's Privacy Policy is available on our website at gmfhealth.com.au or on request by calling GMF Health on 1300 653 099. If participants do not want their results published please tick in the boxes below.

I agree to have my results published in the paper: Yes No

HealthGuard Health Benefits Fund Limited ABN 26 054 321 274 carrying on business as GMF Health and under other business names.