



Corporate Team Entry Form

Sunday 23 August 2009 - 12 Noon start

Surname _____ First name _____

Organisation _____ Team name _____

Address _____

Postcode _____

Home No _____ Work Phone _____ Mobile No _____

Email Address _____

Entry Fee **\$250** Credit Card Payment (please circle) Bankcard Mastercard Visa

Card Number _____ Expiry Date ____/____

Card Holder's Name _____ Signature _____

Warning: This is a legal document that affects your rights and must be signed by all competitors.

1. Surname _____ First name _____ signed _____

2. Surname _____ First name _____ signed _____

3. Surname _____ First name _____ signed _____

4. Surname _____ First name _____ signed _____

5. Surname _____ First name _____ signed _____

Please fax to (02) 9570-4402 or post to Shop 2, 124 Forest Road Hurstville NSW 2220

PLEASE TAKE TIME TO READ THE FOLLOWING INFORMATION

SAFETY & RISK

A first aid tent will be situated near the start /finish location. Should a cyclist feel unwell or unable to go on or be injured they should make their way to the first aid tent. However, please note that Prince of Wales Hospital Ride for Life Inc. cannot guarantee your safety. Please acknowledge this by signing the Agreement Waiver Indemnity. Also note that this is a demanding event. Possible risks include collisions with other cyclists, and or pedestrians or animals that may have wandered onto the course. Cyclists enter at their own risk, are responsible for their own physical condition and are urged to train and have a medical check up before competing. A cyclists deemed unable to complete the course may be asked to exit from the race circuit.

AGREEMENT WAIVER AND INDEMNITY

In consideration of acceptance of my entry in the Prince of Wales Hospital Foundation Ride for Life (hereafter called the Event). I the above signed for myself, my heirs, executors and administrators agree with each of the Indemnified Parties (as defined herein) and declare that:

1. I hereby waive release and discharge all and every claim, right or cause of action (including for negligence, for breach of contract or breach of Statute) for which I might have or which arises out of my death, injury, damage or loss of any description which I may have suffer or sustain as the result of my participation in the Event EXCEPT to the extent that such may be proven to have been caused by the wilful act or omission of any one or more of parties hereinafter referred to as the Indemnified Parties.

2. This waiver release and discharge shall operate jointly and severally in favour of the Indemnified Parties, namely: Prince of Wales Hospital Ride for Life Incorporated, Centennial Parklands, Sponsors, supporters, persons, corporations, contractors, subcontractors, volunteers, servants and employees involved or otherwise engaged in promoting, staging, administering, running or controlling the Event.

3. I agree to indemnify and keep indemnified parties against all actions, suits, demands, claims, proceedings, costs, expenses, liabilities and judgements (including the negligence, breach of contract or breach of statute) arising out of or in relation to my participation in the Event. This indemnity may be pleaded as a bar to any action, claim, demand, suit or legal proceedings.

4. I consent to receive such medical aid or preventative treatment which may be deemed advisable in the unfettered discretion of Race Medical Officials in the event of any injury accident of illness to me as the result of my participation in the Event.

5. I consent to the free use of my name or photograph in any newspaper, promotional, advertising material, video or telecast in connection with the Event and/or its sponsors.

6. I affirm that I have properly trained for and fully satisfied myself as to my physical and medical condition to compete in the Event.

7. I agree to abide by and accept the rules and regulations of the Event whether announced on the day or prior thereto and to accept the decisions of the race committee.

8. I agree to wear a promotional garment if requested to do so.

Indemnity in respect of persons under 18 years

In consideration of Prince of Wales Hospital Ride for Life Incorporated agreeing to my request to accept the applicant entry of the minor applicant, I agree for myself, my heirs, executors and administrators to indemnify and keep indemnified the Indemnified Parties against all actions, suits, claims, proceedings, demands cost, expenses, liabilities or judgements which the applicant and I may have against the Indemnified Parties but for the terms of this agreement in respect of any death, injury, damage, loss or loss sustained by the applicant as the result of the applicant's participation in the Event. I affirm that I have full authority on behalf of both Parents and/or Guardian to sign the Indemnity AND that this indemnity may be pleaded as a bar to any action claim demand suit of legal proceedings.