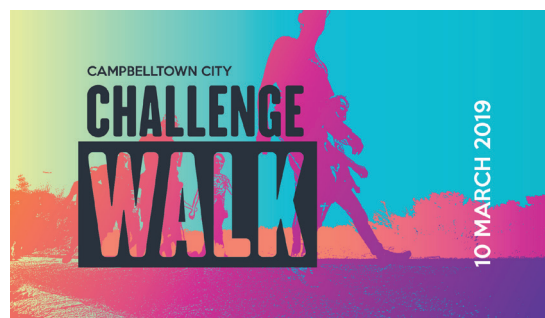


2019 CAMPBELLTOWN CITY CHALLENGE WALK



PARTICIPANT INFORMATION

Mr / Mrs / Miss / Ms

☐ Male

☐ Female

First name _____

Surname _____

Address _____

Suburb _____ State _____ Postcode _____

Email _____

Phone _____ DOB ____ / ____ / ____ Age _____

Select your event ☐ 6km ☐ 11km Team Name AQUAFIT Team Type FITNESS

Emergency Contact Name: _____ Phone _____

How did you hear about the event _____ Previous Participant? _____

TERMS & CONDITIONS

I, the undersigned, hereby declare that I am in good health and not suffering from any known illness or ailment and agree, as a condition of my entry in the Campbelltown City Challenge Walk, for myself, my heirs, executors and administrators to waive all and any claim, right cause of action which I or they might otherwise have arising out of any loss of life or injury, damage or loss whatsoever which I may sustain in or as a consequence of my entry or participation in the said event. I agree to abide by the event rules and conditions, I acknowledge that I enter the said event AT MY OWN RISK and that Campbelltown City Council may use photographs obtained of myself for promotional purposes, including the possible provision of images to the media or use in Council publications and/or Council's website/online presence.

Risk Warning :

Participating in a fun walk has certain risks associated with it, especially if the participant is trying to walk greater distances than normally attempted, or if the weather conditions are particularly adverse. Along with the usual risks of walking, such as the possibility of missing one's footing, stumbling, or suffering from muscular or other damage to legs and feet, participants may suffer from exertion or from the heat of the day.

Privacy Statement :

In accordance with the Privacy and Personal Information Protection Act (1998), supplying the personal information requested on this form is voluntary. However, failing to provide it would prevent your entry in this event. The personal information collected will be used for promoting the staging Council's community events. For details, contact the Privacy Officer, Campbelltown City Council.

Signature _____ Date ____ / ____ / ____