



LONG SOCKS FOR KIDS

2009

Saturday April 4, 6.20am • Assembly at Burstow Street (opp. 4GR) • Finishing approx 7.45am

NAME:.....AGE: UNDER 18 OVER 18

EMAIL:..... TELEPHONE:.....

■ PARTICIPATION BY ADULT - PERMISSION / WAIVER FORM (18+) :

I am aware and agree that on road cycling is a dangerous recreational activity. It has inherent risks as a result of which personal injury [and sometimes death] is common. In consideration of being allowed to participate I acknowledge and agree that I have undertaken the activity freely, voluntarily and absolutely at my own risk and with a full appreciation of the nature and extent of all risks involved in the activity.

I am also aware that it is a condition of entry to the Long Socks for Kids Ride [“event”] that the organisers and/or promoters of the event, their officer bearers, directors, employees, volunteers and agents are absolved from all liability howsoever caused to me or any dependent for personal injury or death suffered by me or any dependent arising in any way whatsoever from the event and I agree, to the full extent permitted by law, to waive all legal rights of action against and fully release and forever discharge the organisers and/or promoters for loss, damages, injury or death howsoever arising out of or in relation to the participation in the event including without limitation, liability for negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the part of the organisers and promoters, their office bearers, directors, employees, volunteers and agents.

I acknowledge and agree that this waiver shall bind me, my family or estate, heirs, representatives, successors and assigns.

AGREE TO WAIVER

SIGNATURE:.....FULL NAME:..... DATE:/...../2009

■ PARTICIPATION BY MINOR - PERMISSION / WAIVER FORM (Under 18) :

I acknowledge that I have read and understood the terms and conditions of participation in the event.

I am aware and agree that on road cycling is a dangerous recreational activity. It has inherent risks as a result of which personal injury [and sometimes death] is common.

Release of liability

In consideration of the child [name] being allowed to participate in the event and by signing this permission/waiver form, I expressly warrant that the child named herein is capable of withstanding both the physical and mental demands of the event. I also expressly assume all risks of the child participating in the event, whether such risks are known or unknown to me at this time. I further release the organisers and/or promoters of the event, their office bearers, directors, employees, volunteers and agents from any claim that my child may have or that I may have against them as a result of injury incurred during the course of participation of the event. This release of liability shall include [without limitation] any claims of negligence or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the party of the promoters and organisers, their office bearers, directors, employees, volunteers and agents. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, successors or assigns may have against the organisers and/or promoters, their office bearers, directors, employees, volunteers and agents.

I further agree to indemnify and hold harmless the organisers and/or promoters, their office bearers, directors, employees, volunteers and agents from any and all claims arising from my child’s participation in the event.

I represent that I am the parent/guardian of [name], who is under the age of 18 years. I have read the above permission/waiver form and am fully familiar with the contents thereof. I give permission for the child named herein to participate in the event. In consideration for allowing the participation of the child in the event, I hereby consent to the permission/waiver form, including the release of liability above, on behalf of the child and agree that this permission/waiver form shall be binding upon me, my family, heirs, legal representatives, successors and assigns.

AGREE TO WAIVER

SIGNATURE:.....FULL NAME:..... DATE:/...../2009

**Cheques made payable to:
Toowoomba Hospital Foundation**

DONATE & PARTICIPATE

**Return with Cheque payment to:
Long Socks for Kids
PO Box 2640, Toowoomba Q 4350**