

LAND OF THE BEARDIES SOCIAL CLUB INC
THE LAND OF THE BEARDIES FESTIVAL.
In conjunction with the
GLEN GALLOP COMMITTEE INCORPORATED

2009 Glen Gallop Entry form:

Name:

Address:

.....

Distance: 5km 10km Local Please Circle.

Nominated time for 10km:

Sex: Male Female School / Club Please Circle

Name of Team (if any) Team Category:

Age:year on date of run Date of Birth:

IF YOU ARE UNDER 18 YEARS OF AGE THIS CONSENT FORM MUST BE SIGNED BY YOUR PARENT OR GUARDIAN.

DECLARATION:

1. I the undersigned, in consideration of and as a condition of my entry in the **Glen Gallop**, for myself, my heirs, and executors and administrators hereby waive all and any claims, right of cause of action which I, or they might otherwise have arising out of loss of my life or injury, damage or lose of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry or participation in the event.
2. This waiver, release and discharge shall be and operate separately in favor of all persons , corporations, and bodies involved or otherwise engaged in promoting or staging the event and the servants, agents, representatives and officers of any of them.

ALL ENTRANTS MUST SIGN:

Entrants Signature:Date:

PARENT / GUARDIAN DECLARATION:

Icertify that I am the Parent / Guardian of

.....who is

Years of age and has my consent to participate in the Glen Gallop.

Parent or Guardian Signature:

Date: