

## Go For Your Life 'Lap the Lakes'

(Lakes Guthridge and Lakes Guyett Sale)

### Wellington Business & Community Challenge

Wednesday 24 October 2007

### Entry Form

<p><b>For information and entry forms contact:</b>          Sam Lovejoy          Health Promotion Officer          Wellington Primary Care Partnership          Telephone: 51438868          sam.lovejoy@cghs.com.au</p>	<p><b>Send entry forms with payment to:</b>          Sale Baptist Church          PO Box 412          Sale 3850</p>
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### Important Information – Please Read

- One entry form per team. Place ✓ where required
- This is a 3.3 kilometre running event with all team members' times counted toward the final result.
- Please ensure that all details on the entry form have been completed.
- Mixed Teams must contain equal numbers of males and females.
- Organisations may enter as many teams as they like
- After registration, each team will be issued with an information pack containing registration numbers for each team member to be worn during the event and sponsor information along with other items if interest.
- Photocopies and facsimiles accepted
- The Gippsland Times will be providing a "How to prepare for the Lap the Lakes Challenge" segment in the weeks leading up to the event.
- Place a ✓ to indicate preferred competition time.
- A free barbeque will be available on the day of the event at both times.

**Early Bird Entries close on Friday 28 September 2007 (includes free tee shirt). All other entries close on Wednesday 17 October 2007..**

**Entry forms can be obtained from Sportsco Shop 27 Gippsland Centre and Howard & Schuback Mega Sports 300 Raymond Street Sale or they can be downloaded from [www.gippsport.com.au](http://www.gippsport.com.au)**

### Prizes and Trophies

Medallions will be awarded for first, second and third placed teams to each team member of each event. The winning teams will have their name placed on Shields for each event.

Spot prizes will be randomly allocated during the event to teams and individuals.

### Events



VICTORIA POLICE

Sport	Cost	Competition	Date	Time
Run/Walk	\$50.00	<input type="checkbox"/> Mixed <input type="checkbox"/> Men's <input type="checkbox"/> Women's	24 October 2007	<input type="checkbox"/> 12.00 – 2.00 <input type="checkbox"/> 5.30 – 7.00

\$10.00 from each entry will be donated to the Sale Baptist Church Community Fun Day for disadvantaged families.

**PAYMENT:** Required in full prior to commencement of the event.

Cheques and Money orders should be made out to the Sale Baptist Church.

**PAYMENT BY CHEQUE/MONEY ORDER:**

Total Amount: \$\_\_\_\_\_

Cheque/Money Order number (Office use only): \_\_\_\_\_

**Shirt Size (Provided as part of entry)**

XS    S    M    L    XL    XXL

TEAM CONTACT DETAILS	
Business/Community Organisation Name:	
Business/Community Organisation Postal Address:	
Team Contact Name:	
Team Contact Phone/Fax/Email:	
Secondary Contact Name/Phone/Email:	
Team Name	



### TEAM CAPTAIN

- Supply full details of all participants (including signatures) in the Summary of Participants section of this form.
- ALL TEAM MEMBERS MUST READ AND SIGN THE INJURY INDEMNITY BEFORE ENTRY WILL BE ACCEPTED. TEAM CONTACT TO COMPLETE SELECTION BELOW.

I \_\_\_\_\_ **(Name)** on behalf of  
**(Company)** agree to abide by all Terms and Conditions.

Signature:

Date:

### INJURY INDEMNITY

**IMPORTANT:** Please ensure all participants read the information below.

***It is highly recommended that all participants have personal health insurance to cover any accident or injury incurred during participation in this event.***

- I, whose signature appears on the registration form in consideration of and as a condition of acceptance of my entry in this event, for myself, my heirs, executors and administrators, hereby waive all and any claim, right or cause of action which I or they might otherwise have for or arising out of loss of life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry or participation in – the said event.
- This waiver, release and discharge shall be and operate separately in favour of all persons, corporation and bodies involved in staging the event or otherwise engaged in promotion, staging the event and the servants, agents, representatives and officers of any of them.
- I recognise the physical risks associated with this event and declare that I am physically fit to complete safely in this event, and that I have not been advised otherwise by a qualified medical person.
- I hereby acknowledge I have sole responsibility for my personal possessions and athletic equipment during the event and related activities.
- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during the event.
- I hereby acknowledge that I have disclosed all information requested on the entry form.

**SUMMARY OF PARTICIPANTS**

I have read and understood the terms and conditions associated with the activity I am entering and have read the injury indemnity form. (Please sign below).

**Person 1**

<b>Name</b>	
<b>Email</b>	
<b>Gender</b>	
<b>Signature</b>	

**Person 2**

<b>Name</b>	
<b>Email</b>	
<b>Gender</b>	
<b>Signature</b>	

**Person 3**

<b>Name</b>	
<b>Email</b>	
<b>Gender</b>	
<b>Signature</b>	

**Person 4**

<b>Name</b>	
<b>Email</b>	
<b>Gender</b>	
<b>Signature</b>	