



One form is required for each entrant and each individual form must be signed by the competitor entering.
If you are entering as a team, please ensure you also complete the section on the left hand side - TEAM ENTRY DETAILS.

TICK ONE

TEAM ENTRIES

CORPORATE SHIELD **The Advocate**
 COMPANY NAME: _____
 4 Male: 4 Female: 2 Male / 2 Female:

OPEN SPORTS **BROOKS**
 TEAM NAME: _____
 4 Male: 4 Female: 2 Male / 2 Female:

HIGH SCHOOL TEAMS **B&E**
 SCHOOL NAME: _____
 4 Male: 4 Female: 2 Male / 2 Female:

SECONDARY/ TERTIARY TEAMS **TasPorts**
 SCHOOL NAME: _____
 4 Male: 4 Female: 2 Male / 2 Female:

FAMILY TEAMS (one only - please name team)

Family entries are defined as two adults and one or two children under 16 years of age.

HUSBAND & WIFE TEAM:

FAMILY OF THREE:

FAMILY OF FOUR:

FIRST NAME: _____
 MIDDLE NAMES: _____
 SURNAME: _____
 POSTAL ADDRESS: _____
 TOWN/CITY: _____ POSTCODE: _____
This address is where your race number will be sent to if you enter before Oct 11.

DAYTIME PHONE: _____
 MOBILE PHONE: _____
 EMAIL: _____
 SEX (M/F):
 DATE OF BIRTH: ____/____/____ (dd/mm/yy) (REQUIRED INFORMATION)
 Personal best time for 10km: ____:____ (hour/minutes)
 Age in years on race day: _____
 Mark this box if you are a wheelchair entrant:
 Mark this box if you are entering as a walker:
 If you are an Advocate FITCLUB member enter your Advocate Fitclub member number here: _____

STOP WHAT DO YOU DO NEXT?

1. Ensure all appropriate declarations and waivers are signed to validate entry
2. Post your entry to:
 Burnie Sports & Events
 PO Box 10, BURNIE 7320
3. or Drop your entry into:
 Burnie City Council
 80 Wilson Street Burnie.

Declaration

Race Timing Declaration:
 I understand event organisers will make every effort to provide a true and accurate time in accordance with IAAF rules. However in the event of a systems failure, or errors occurring, I agree not to hold event organisers liable.

Athletics Australia Out Of Stadium Event Waiver Clause:
 (1) I understand the demanding physical nature of the event and have trained accordingly. I am not aware of any medical condition or impairment that will be detrimental to my health if I participate in this event. In the chance that I become aware of any medical condition or impairment, or am otherwise sick or injured prior to the event, I will withdraw from the Skilled Burnie Ten.
 (2) I acknowledge that participating in this event may involve a real risk of serious injury or even death from various causes including: over-exertion, dehydration and accidents with other participants, spectators or road users.
 (3) I acknowledge that it is a condition of participating in this event that I do so at my own risk. I accept all risks and release the event organiser, its agents, affiliates, employees, members, sponsors, promoters, volunteers and any person or body, directly or indirectly associated with the event, from all claims, demands and proceedings arising out of or connected with my participation in this event and I indemnify them against all liability for all injury, loss or damage arising out of or connected with my participation in this event. This release continues forever and binds my heirs, successors, executors, personal representatives and assigns.

Age Declaration:
 I declare that I am over 18 years of age or the Parent/Guardian of the person entering who is under 18 years of age and give my consent to named person entering the event.

Refund Policy:
 I understand that due to administrative costs and associated race consumables refunds will not be issued.

The Skilled Burnie Ten is a staged event to benefit the sport of Athletics, with the assistance of Athletics Australia, ("A.A") & Burnie Sports and Events, ("BS&E"). We collect information from all participants and will provide this information to A.A. & BS&E in order that they may keep you informed about the sport of Athletics, its activities, related products and from time to time, selected sponsors products.

- Tick this box if you DO NOT wish to receive any future marketing or promotional material from AA or companies associated with AA.
 Tick this box if you DO NOT wish to receive any no-related or Sponsor based, marketing or promotional material.

STOP SIGN HERE Signed: _____

CORPORATE **The Advocate Corporate Shield Declaration:**
 I hereby declare that (name) _____ is a bonafide employee of (business) _____
 Signed: _____ Position: _____

SCHOOLS **Schools Team Declaration:**
 I hereby declare that (name) _____ is a bonafide student of (school) _____
 Signed: _____ Position: _____

STOP Have you signed all documentation? TAX INVOICE - ABN 79 949 016 803
 Send completed entry including cheque/money order made payable to: BURNIE SPORTS & EVENTS, PO BOX 10, BURNIE 7320

CREDIT CARD DETAILS - No.: _____
 CREDIT CARD TYPE: CREDIT CARD EXPIRY: ____/____

ENTRY FEE: **ALL ENTRIES FEES INCLUDE GST**
 Name of Card Holder: Signature: Date: