

THE EAST TAIERI HOME & SCHOOL COMMITTEE PRESENTS THE

# TAIERI PLAINS

## DOathlon



FRIDAY 17<sup>TH</sup> FEBRUARY 2017

(No postponement date. Event on: rain or shine)

### ENTRY FORM

VENUE: *Memorial Park, Mosgiel*  
REPORT TIME: *5.00 pm – First Race Starts at 6.00 pm*  
ENTRIES CLOSE: *Wednesday 15<sup>th</sup> February 2017 (no entries on the day)*  
COST: *\$15 per individual OR \$10 each if more than one sibling in family*  
*\$10 each per team member*  
(Whānau race is free if child has already entered an event – otherwise it is \$20 for the team)

NAME: \_\_\_\_\_ M / F  
*(First Name)* *(Surname)*

ADDRESS: \_\_\_\_\_  
*(No.)* *(Street)*  
\_\_\_\_\_  
*(Suburb)*

CONTACT NAME & PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_

RACE CATEGORY *(please circle)*: **Individual / Team** SCHOOL: \_\_\_\_\_

TEAM MEMBERS' NAMES: Runner: \_\_\_\_\_ Biker: \_\_\_\_\_ Sprinter: \_\_\_\_\_

Team Name: \_\_\_\_\_ All team members (including adults in Whānau race) must complete an entry form.

AGE CATEGORY <i>(please circle)</i> : 5 and under	50m run / 100m scooter / 30m sprint
5 – 7 Years	500m run / 500m bike / 100m sprint
8 – 10 Years	1km run / 1km bike / 100m sprint
11 – 14 Years	1km run / 2km bike / 100m sprint
Whānau	500m run / 500m bike / 100m sprint

### INDEMNITY

*(You must read and agree with this section and sign below)*

I agree, the organisers, sponsors and other parties associated with the event shall not have responsibility for any liability, (financial or otherwise), whether or not caused by negligence, for any direct or indirect loss, injury or death which might be sustained by me or any other party, directly or indirectly associated with me, from my intended or actual participation in the event and its related activities.

- All participants' bikes and helmets must be checked by a skilled person prior to the event.

- I will advise of any existing medical conditions and, if so, I will be available at the event to administer medication/treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian)*

**Please send your entry form along with payment by Wednesday 15<sup>th</sup> February to  
Home and School Committee, c/- East Taieri School, Cemetery Road, Mosgiel 9024**

(Cheques payable to East Taieri Home & School Committee / Pay online: East Taieri Home and School Committee: 12-3485-0004707-00)

Please **circle** payment option used: **cash**; **cheque**; **online banking** (use participant's initial & surname as reference).