FREESTYLE NOW - COMPETITIONS ENTRY FORM

Please read and print neatly. One letter in each box. Write clearly so we can read it.

YOUR FIRST NAME **YOUR LAST NAME**

YOUR ADDRESS (where do you live)

Phone number **Age**

Emergency contact details - NAME (who are we going to call if you have to go to hospital)

Relationship to you **Phone number**

I want to enter - you can enter more than one -

BMX **SKATEBOARD** **SCOOTER**

I want to compete in - tick only one class

GIRLS **BEGINNER** **INTERMEDIATE** **OPEN**

WAIVER OF ALL CLAIMS.

I understand by entering this competition I do so at my own risk. I am fully aware and fully understand that there are major risks involved with participating in BMX, skateboarding and scooter competitions. I fully understand that I am responsible for any injury that I occur whilst participating in this competition. Fully knowing these risks I still wish to participate. I understand and agree that the organisers or promoters and sponsors of the event cannot and will not be held responsible for any personal injury, disability, death, property damage or any loss of any kind which may be sustained while I am participating in the said event. By signing this waiver I disclaim any person or company of any liabilities what so ever. On signing of waiver of claims I acknowledge that I must wear a helmet for my own personal safety. I also give my consent to the rendering of proper medical treatment if necessary. I am aware that any cost incurred as a result of an accident will be my responsibility. I agree that any images (still or video) taken at the event by Freestyle Now's authorised photographer maybe used for further publicity and promotion purposes.
I have read the above waiver of claims and understand them completely.

Signed: _____

Please note: If the participant is under the age of 15 this form must be signed by a legal parent or guardian.
This form must be signed and returned before the participant is able to participate in the events.

Name

Relationship to you **Phone number**

Signed, Parent/Guardian: _____