|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB & Age  |  |
| Address: |  | Phone:  |  |
| Emergency contact name and number  |  | Email:  |  |
| **The Amazing Race 2019** | I have covered foot wear □ One team member must have a mobile phone & be contactable during event. Phone number of nominated team member written (above) Yes □ No □ |
| **Photo Consent**  | I give permission for headspace to use my image for the purpose of headspace publications in particular social media & the headspace website Yes □ No □ |

Office Use

TEAM #:

**TEAM Phone number:**

Waiver/Release

1. **Risks**: Participation in the Event can be inherently dangerous. I acknowledge that I am exposed to certain risks during the event including but not limited to extreme weather conditions; collision with natural or man-made objects including vehicles and bicycles; overexertion; dehydration and/or heat exhaustion. I acknowledge that accidents can and often do happen which may result in serious injury, death or property damage. I have voluntarily read and understand this warning and freely assume all such risks even if arising from the negligence of the event organiser. I attend and participate in the event exclusively at my own risk and at all times I have the option of not participating in or withdrawing from the event.
2. **Waiver, release and indemnity: (A)** I waive, release and discharge the event organiser from all claims or causes of action I may have (including for negligence) arising from any injury, loss or damage of any kind suffered by me including personal injury or death and/or loss or damage to property arising either directly or indirectly out of my participation in the event.

**(B)** I will indemnify and will keep indemnified the event organiser against all costs, losses or damages arising from or in relation to my attendance at or participation in the event including the attendance or participation of any person in my care.

1. **Fitness to participate:** I declare that I am physically and medically fit to participate in and complete the event. I am not and must not be a danger to myself or to the health and safety of others.
2. **Rules and Direction:** I agree to obey and accept the event rules and any other directions or instructions, including those issued on the day.
3. **Compulsory personal safety equipment:** I agree to obey and accept the event compulsory safety equipment rules as advised by the event organiser. Covered shoes, and a mobile phone are required for this event.
4. **Consent to medical treatment:** I consent to receive and agree to pay for any medical treatment including transport by ambulance, that the event organisers and authorised representatives consider necessary before, during or after the event.
5. **Photography:** I understand that and all photographs, recording and/or likenesses of me captured during the event by headspace and/or the media become the sole property of headspace. I agree to allow my video pictures, recording and/or likenesses of me captured during the event to be used for any legitimate purpose of headspace, its sponsors or entities without payment or compensation.
6. **Alcohol and drugs:** I certify that I am not under the influence of alcohol or any drugs that would in any way impair my ability to safely participate in the event.
7. **Delay or cancellation:** I acknowledge that the event organiser at its sole discretion may delay, modify or cancel the event if conditions either natural or man-made or any other reason deemed necessary will make administrating the event unreasonable, difficult or unsafe.

Where the participant is under the age of 16 years this form must be signed by the applicant’s parent or legal guardian.

**I have read, understand and agree to the AMAZING RACE FOR YOUR HEADSPACE Waiver/Release Form.**

|  |  |
| --- | --- |
| Signature of participant: |  |
| Date: |  |

|  |  |
| --- | --- |
| Name of parent or guardian if participant is less than 16 years old: |  |
| Signature of parent or guardian if participant is less than 16 years old: |  |
| Date: |  |