



# #GOOMATOWN

## GOOMA MESS FEST

REGISTRATION FORM

\*Registrations close Monday 16 March 2020\*

### Participant Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: Male Female

Aboriginal/Torres Strait Islander: Yes No

If you have any medical conditions/allergies, please list them: \_\_\_\_\_

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### Emergency Contact Details

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: Mother Father Guardian Sibling Partner/Spouse

By signing this form, I agree that:

1. I, the undersigned in consideration of acceptance of my entry in the Mess Fest contest for myself and my executors hereby waive all claim, right or course of action which I might otherwise have arising out of loss of my life, or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of consequent upon my participation in this event.
2. This waiver, release and discharge shall be in favour of all persons and bodies involved or otherwise engaged in staging the event.
3. I give permission for the use of my image, name, voice or picture in any broadcast, telecast, advertising, promotion or other account of this event including advertising and promotions for future events.
4. I agree to abide by the Rules and Conditions of the event and I have read and understood the above waiver.
5. JUDGES DECISION IS FINAL AND NO COMMUNICATION WILL BE ENTERED INTO.

### **WARNING:**

**The Gooma Mess Fest (this event) is a challenge;**

1. **There will be challenges that require physical/mental exertion that may put you at risk of injury and**
2. **Exposes you to allergens such as food and detergents that could lead to anaphylactic shock.**

**We advise you to seek medical advice prior to registering for this event.**

**Advise event organisers of any allergies/medical conditions that may impact your participation in the race.**

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Signature of applicant:

(For persons under 18 your parent or guardian must sign)

**Signature of Participant:** \_\_\_\_\_ **Signature of Parent/Guardian (if under 18):** \_\_\_\_\_

Return to: Kristina Perrin or Tahnee Bird, Shire of Goomalling, [cs01@goomalling.wa.gov.au](mailto:cs01@goomalling.wa.gov.au)