## 2024 South Coast Public Schools Mountain Bike Championship 'The Coondoo Classic'

Managed by Vincentia High School and South Coast United Mountain bikers for the NSW Dept Education Entry Conditions and Parent/Guardian Waiver for Riders

This form, signed by the Rider, and the Parent/Guardian of the rider must be brought to race registration collated by the supervising teacher/parent for the school before the rider will be allowed to enter.

I am in good physical condition and have no disability, impairment or ailment that will prevent me from engaging in the Event or that will be detrimental to my health, safety or physical condition of others while participating in the Event or while at or near the Event

I understand the risks associated with Mountain Biking and that I must wear an Australian Standards approved helmet. The bike must be in good working order with efficient and well maintained brakes, tyres, chain and gears.

I hereby agree to allow the rider's name, results, photographs, video, audio recordings, multimedia or film likeness to be used for any legitimate purpose by Vincentia High School, South Coast United Mountain Bikers (SCUM), the sponsors, or assigns.

Vincentia High and SCUM reserve the right to refuse entry to any competitor. SCUM reserves the right to modify or alter the race course to provide suitable riding conditions during the event. Vincentia High and SCUM reserves the right to change any team name if in the sole opinion of the race director the name conflicts with other team names or the team name is of an offensive nature.

I have carefully read this entry form and agree to abide by these race conditions. I agree to obey all the race rules, directions and decisions of all race officials whilst I am in the Coondoo Mountain bike course area on 22<sup>nd</sup> and 23rd August. All entrants must agree as having read and understood this declaration. This form, printed and signed by the rider and the rider's parent or guardian must be brought to Race Registration on 23<sup>rd</sup> August before you will be allowed to ride at the event, including riding for practice laps

	Rider Details	Parent/Guardian (must be over 18yrs of age)
Name		
Address		
11441055		
Date of Birth		
Signature		
Date		
Medical Information	Medicare Number:	
	1 <sup>st</sup> -Emergency Contact Number:	
	2 <sup>nd</sup> - Emergency Contact Number:	