

# ENTRY FORM 09

LIMITED ENTRIES, BE QUICK!



# DKS

PLEASE TICK THE EVENT YOU WILL ATTEND.

- DKSTIONA**  
AUGUST 1&2 2009 (\$110)
- DKSPORT MAC**  
AUGUST 8&9 2009 (\$110)
- DKSTOUR**  
(BOTH EVENTS, \$220)

ALL ENTRIES INCLUDE SUBSTANTIAL DISCOUNTS ON ACCOMMODATION, A FREE BBQ AND COMPETITOR PACK TO GIVE YOU MORE BANG & BOOM FOR YOU BUCK!

## COMPETITOR INFO.

NAME. \_\_\_\_\_ DOB. \_\_\_\_\_  
ADDRESS. \_\_\_\_\_ POST CODE. \_\_\_\_\_  
PHONE. \_\_\_\_\_ EMAIL. \_\_\_\_\_  
DOCTOR. \_\_\_\_\_ DOCTOR PHONE. \_\_\_\_\_

## MEDICAL INFO.

FURTHER INFORMATION OR SPECIAL INSTRUCTIONS FOR EMERGENCY ACTION PLEASE SPECIFY.

EPILEPSY  Y  N \_\_\_\_\_  
FAINTING OR DIZZY SPELLS  Y  N \_\_\_\_\_  
HEART CONDITION/DIABETES  Y  N \_\_\_\_\_  
EAR DISORDER  Y  N \_\_\_\_\_  
ASTHMA  Y  N \_\_\_\_\_  
ALLERGIES  Y  N \_\_\_\_\_  
INSECT BITES ETC.  Y  N \_\_\_\_\_  
OTHER  Y  N \_\_\_\_\_

I HEREBY GIVE MY PERMISSION FOR OFFICIALS OF DKS TO SEEK ANY MEDICAL SERVICE THAT I, OR MY SON / DAUGHTER MAY REQUIRE IN CASE OF ACCIDENT.

APPLICANT SIGNATURE. \_\_\_\_\_ APPLICANT'S NAME. \_\_\_\_\_ DATE. \_\_\_\_\_  
(OR PARENT GUARDIAN IF U/18)

## WAIVER

IN CONSIDERATION OF ACCEPTANCE OF MY ENTRY, I INTEND TO BE LEGALLY BOUND, DO HEREBY FOR MYSELF, MY HEIRS AND ADMINISTRATORS WAIVE, RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH MAY HEREAFTER ACCRUE AGAINST THE COMPETITION, IT'S OFFICIALS, EMPLOYEES, AGENTS AND CONTEST SPONSORS, OF ANY AND ALL LIABILITY AND RESPONSIBILITY ARISING FROM AN INJURY RECEIVED OR INCURRED BY PARTICIPATING IN THIS EVENT. I WILL INSPECT THE CONTEST AREA AND ASSURE MYSELF THAT THE AREA IS SAFE FOR BODYBOARDING AND FURTHER AGREE THAT THE AREA CONDITIONS ARE SAFE FOR BODYBOARDING PURPOSES. FURTHER I ACKNOWLEDGE THAT I VOLUNTARILY ASSUME ALL RISKS ARISING FROM THE CONDITIONS RELATING TO THE USE OF THE CONTEST SITE AND SURFING AREA BY MYSELF OR OTHERS I WILL COMPLY WITH THE DKS RULES AND ANY RULES ANNOUNCED AT THE EVENT. I AGREE TO THE RELEASE OF ALL OFFICIAL PHOTOGRAPHS AND VIDEO FOOTAGE TAKEN DURING THIS EVENT, AND ITS USE BY THE CONTEST DIRECTOR AND SPONSORS.

APPLICANT SIGNATURE. \_\_\_\_\_ PARENTS SIGNATURE. \_\_\_\_\_ DATE. \_\_\_\_\_

**NOW! POST THIS FORM TO...**  
**DKS, P.O. BOX 80, WAUCHOPE, NSW 2446 AUSTRALIA.**

ALL APPLICANTS MUST SIGN ENTRY FORM AND APPLICANTS UNDER 18 YEARS OF AGE MUST HAVE ENTRY AND MEDICAL FORMS SIGNED BY A PARENT/GUARDIAN. UNSIGNED APPLICATIONS AND APPLICATIONS WITHOUT MONEY OR MEDICAL FORM WILL NOT BE ACCEPTED.