



RACEWALKING QUEENSLAND

(Trading at the Queensland Race Walking Club Inc. ABN 59065512712)

Family Registration Application Form 2018/19

Fees as of April, 1st 2018 – March 31st 2019

Family Membership: \$40.00

Member 1: Name.....D.O. B.....

Grade..... QA/LA Club.....

Member 2: Name.....D.O. B.....

Grade..... QA/LA Club.....

Member 3: Name.....D.O. B.....

Grade..... QA/LA Club.....

Member 4: Name.....D.O. B.....

Grade..... QA/LA Club.....

Member 4: Name.....D.O. B.....

Grade..... QA/LA Club.....

Any Relevant Medical Conditions Yes / No

(Please state condition)

I do/do not give permission to the QRWC to use my photograph or image in the club newsletters and/or on social media (Please strike out). I acknowledge and agree that any photos used by the club is done in good faith and is not intended to defame or offend.

ADDRESS.....POST CODE:

EMAIL:

PHONE No/Home: _____ Work/MOB:

INDEMNITY

1. I the undersigned, in consideration of and as a condition of acceptance of my membership with the *Queensland Race Walking Club Inc.* for myself, my heirs, executor and administrators, hereby waive all and any claim, right or cause of action which I or they might otherwise have arising out of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my entry and or participation in any event organised by the *Queensland Race Walking Club Inc.*

2. This waiver, release and discharge shall be and operate separately, in favour of all persons, corporations and bodies involved in or otherwise engaged in promoting or staging the events and the servants, agents, representatives, and officers of any of them and includes but is not limited to the *Queensland Race Walking Club Inc.* and shall operate whether or not the loss or injury or damage is attributable to the act or neglect of anyone or more of them.

3. I the undersigned agree to abide by the Constitution and QA Code of Conduct at all times as a registered member of the *Queensland Race Walking Club Inc.*

I/WE WISH TO APPLY FOR MEMBERSHIP OF THE Queensland Race Walking Club Inc.

AND ENCLOSE THE SUM OF: \$.....

SIGNATURE OF APPLICANT DATE

IMPORTANT: All members must sign. Under 18 years of age MUST be signed by a parent or guardian.

PAYMENT: Cheques should be made out to the “*Qld Race Walking Club Inc.*”

Direct Debit: BSB: xxx xxx Account: xxxx xxxx Ref: Membership type + Surname

CLUB USE ONLY: Date of joining.....

Amount paid Receipt No

Signed By: Treasurer or Secretary

Accepted Yes..... No.....