



1. PARTICIPANTS DETAILS

First Name: Last Name:.....

Date of birth: / / Phone:

Address:

.....

Email.....

Would you like to join our email list to receive information about future events? Yes No

2. EMERGENCY CONTACT DETAILS

Emergency contact person name:

Relationship to participant.....

Phone Number: Work Phone.....

3. EVENT - Please bring your form on the day to register

This Registration form will allow you to participate in the following 2018 King of the Hill events:

- 24/02/18 - Gosnells Skate Park
- 3/03/18 – Roleystone Skate Park
- 10/03/18 - Willetton Skate Park
- 17/03/18 - Belmont Skate Park
- 24/03/18 – Roleystone Skate Park (Final)

I will be entering (please circle): *Under 15 Skateboarding* *Open Skateboarding*

: *Under 15 Scooter* *Open Scooter*

3. MEDICAL/ EMERGENCY DETAILS

Please provide details or attach separately if necessary

Food / other Allergies No Yes

Medical condition No Yes

Medication (if appropriate) No Yes

Other:

4. PHOTOGRAPHY CONSENT

I give my permission for the headspace Armadale “King of the Hill” Skate Park Series and all partners to use my child’s photograph for promotional purposes. I am aware that this photo may be used in media, print, social media and electronic advertising, including Cinema advertising and any other forms of advertising at the headspace Armadale “King of the Hill” Skate Park Series and all partners discretion. I agree that I will not seek any talent fees or compensation for using the photograph.

Signature:..... Date:.....

5. ATTENDANCE CONDITIONS/CONSENT

1. I, the undersigned in consideration of acceptance of my entry in the “King of the Hill Skate Park Series” contest for myself and 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 or 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 agree to abide by the Rules and conditions of the event that are detailed on the Headspace Website. Refer to Rules and conditions” visit <http://bit.ly/headspaceskate2018>. I have read and understood the above waiver.

If **under 18** please have your parent or guardian sign below:

Name:..... Signature:..... Date:.....

If you are **over 18** please sign below:

I am over 18 years of age and I give consent to the above conditions:

Name:..... Signature: Date:.....