



20/twenty Challenge 2021 ACKNOWLEDGEMENT WAIVER AND RELEASE FORM

For all people participating in the 20/twenty Challenge 2021.

Please read and accept this Acknowledgement, Waiver and Release from liability and potential claims based upon negligence or other claimed misconduct.

1. I understand that my participation in the 20/twenty Challenge (the event) involves a 2km swim, 3km kayak and 15km walk or run on roads and rugged isolated tracks.
2. I am aware of the hazards involved and these include, but are not limited to, swimming hazards, road and track surfaces, remoteness from assistance or medical aid, the strenuous nature of covering the prescribed distance carrying a 20kg pack, and participating in adverse weather conditions.
3. I certify that I am physically fit and have trained sufficiently for participation in this event and have been given the opportunity by the organisers to attend a pre-event briefing session. I have sufficient competence and experience to participate safely in this event.
4. On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, I:
 - (a) **RELEASE AND DISCHARGE** Cerebral Palsy Alliance, event sponsors, event producers, volunteers, community organisations, all State, Federal & Local Government authorities with responsibility for the locality in which the event may be staged, and their or its respective officers, directors, employees, independent contractors, representatives, agents and volunteers (Indemnified Parties) from any and all liability for death, disability, personal injury, property damage, property theft and all other loss or injury whatever and however occurring that I may suffer as a result of or in connection with, directly or indirectly, my participation in and travelling to and from this event and I waive all and any claims against the Indemnified Parties which for the execution of this Acknowledgement, Waiver and Release I may have had against the Indemnified Parties or any of them;
 - (b) **INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned in paragraph 4(a) from any and all liabilities, claims or actions (including negligence) whatever or however caused which may be brought against them arising as a result or in connection with, directly or indirectly, my participation in and travelling to and from this event, including any claim by me (or my team), support crew or any person assisting me or my team.

5. I hereby provide consent to receive medical treatment which may be deemed necessary in any event of injury, accident and or illness during the event.
6. I understand that during the event or related activities I may be photographed or filmed. I agree to allow this photograph, video or film likeness to be used for any legitimate purpose by Cerebral Palsy Alliance, the sponsors and or assigns.
7. I agree that I will abide by the event rules and I understand that entry may be voided if through my actions or behaviour, in the opinion of the organisers reserve the right to reject any entry without having any justification for their actions.
8. I agree that I will use all reasonable endeavors to ensure that my team raise our fundraising target of \$2,000 per team member / \$8,000 per team and will ensure any donations made offline (i.e. those donations not made through the fundraising website) are paid to Cerebral Palsy Alliance by the requested date of 30/04/19. I understand that I and the other members of my team may be denied entry in future events if the pledged target amount is not raised.
9. I understand that in the event of a full cancellation the team registration and fundraising is not-refundable.

I hereby certify that I am over 18 years of age before the start of the 20/twenty Challenge. (If not, please seek parental approval before completing the registration.)

I have read this document in its entirety and understand its contents.

By completing my registration, I acknowledge all the provisions of this waiver and release and my agreement to be bound by them.

By completing the online registration, you are accepting the terms and conditions of this waiver form, allowing you to participate in the event.

If you have any questions, please contact events@cerebralpalsy.org.au