



KILMACUD CROKES KICKSTART 2019

REGISTRATION & WAIVER

Name (in print)		
Email		
Telephone		
Club Member	Yes	No
Activities List the name/s of each activity you wish to take part in		

I understand that participating in Kickstart Activities is potentially hazardous and that I should not enter and participate unless I am medically able and fit to do so

In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, and conditions of the track. I agree that no liability what so ever shall attach to **Kilmacud Crokes GAA Club** or any Member of **GAA CLUB** in respect of injury, loss or damage suffered by me in or by reason of participating in his the event, however caused.

Participants in this Event are not covered by the GAA Injury Benefit Fund. Each individual should ensure that they have cover in place in the event of an accident as per their own individual requirements

Use of iPods : the organisers strongly advise against the use of an Ipod / Earphone or a similar device whilst participating in the event. You may not be able to hear instructions given. IF YOU CANNOT HEAR, YOU ARE IN DANGER

***Signed** _____ **Date** _____

NB: If signing up for Teen or underage event, Parent/Guardian signature & details required :

***Parent/Guardian (i) signature, (ii) email address & (iii) tel. no. :**

*By signing this Registration & Waiver Form, I also consent to having my contact details (email address and/or telephone number) shared with Kickstart event organisers and Group Leaders.