ARBORICULTURE™ AUSTRALIA

Promoting professional tree care

NSW Tree Climbing Championship – NSW 11th & 12th March 2011

Climber Entry Form and Waiver

This MUST **be completed and submitted with your payment before 4th March 2011.**

Mail applications to Arboriculture Australia Ltd Administration, PO Box 76, Edwardstown SA 5039

P: 1300 664 374 F: 08 8340 4909 E: enquiries@arboriculture.org.au

Name			
Date of Birth			
Organisation			
Postal Address			
State		**Post Code**	
Telephone	( )	**Mobile**	
E-mail			
Entry Fee	Member of Arb Aus		☐ **$150.00**
Shirt size: …….	Arb Aus Membership ☐ **$130.00**	Combined Arb Aus Membership and Entry fee	☐ **$280.00**
Association name and Membership number (if applicable)			

Method of Payment Cheque ☐ Credit Card ☐ Direct Deposit (Use name as Reference) ☐

Please attach cheque or money order. Make payment to Arboriculture Australia Ltd. We cannot accept cash.

Paying by credit card

Name on Card		Expiry Date	
		Signature	

VISA MASTER BANK CARD

Please provide a brief description of competition experience, ranking and current employment.

Waiver and Hold-Harmless by Contestant

In consideration of acceptance of my application for entry as a contestant in the Arboriculture Australia Ltd Australian Tree Climbing Championship I hereby waive any and all claims I may have at any time, and any and all claims which might otherwise be made by, or on behalf of, or on account of me, or by any person or entity in any way as my subrogates against Arboriculture Australia Ltd, Sutherland Shire Council, its officer, directors, employees, agents, members, guests, invitees, and any person who would be lawfully entitled to indemnification from any of them for any liability to, or on behalf of, or on account of me, for any injuries or damages of any kind whatsoever arising on account of or in consequence of my activities or participation in the Arboriculture Australia Ltd Australian Tree Climbing Championship, or in any other way related to the Arboriculture Australia Ltd Australian Tree Climbing Championship. I further agree to hold Arboriculture Australia Ltd, Sutherland Shire Council, its officers, directors, employees, agents, members, guests, and invitees, safe and harmless from any expense for defense, settlement, payment of damages or other expenses relating in any way to injuries sustained by me in any way related to the Arboriculture Australia Ltd Australian Tree Climbing Championship. I recognise and assume all risks and danger involved in my participation, and will not under any circumstances rely upon the care, attention, or assurance of anyone other than myself for matters relating to my safety.

Contestants Signature _____ Dated this _____ day of _____, 2011

Certification and Waiver by Employer of Contestant

I hereby certify that I am the employer or a duly authorised representative of the employer, of the above-named individual planning to participate in the Arboriculture Australia Ltd Australian Tree Climbing Championship and that the employer has encouraged this participation. The employer hereby waives any and all subrogation claims it may have against Arboriculture Australia Ltd, Sutherland Shire Council, its officers, directors, employees, agents, members, guests, or invitees, as a result of any compensation or other benefits or expenses incurred or paid by it, its insurance carrier, or otherwise on its behalf, in event any claim or injury results from this participation, and will hold Arboriculture Australia Ltd, Sutherland Shire Council, its officers, directors, employees, agents, members, guests, and invitees safe and harmless from any expense for defense, settlement, payment of damages and other expenses relating in any way to subrogation or other claims by or on behalf of this employer relating to injuries sustained by this employee. I further certify that I am duly authorised to execute this Certification and Waiver on behalf of the employer and that any and all necessary resolutions have been duly passed and adopted by the employer.

The exact name and address of the employer, and state of incorporation in applicable is:

_____

_____ Dated this _____ day of _____, 2011

Signature of Employer or Authorised Representative