

## 42

## Entry checklist and forms

**Everyone should:**

- 1 Thoroughly read this Entry Guide and familiarise yourself with all aspects of the event and how to enter.
- 2 Assemble your team as early in the year as possible, and plan how you're going to meet the fundraising and entry components.
- 3 Appoint a team coordinator, who shall be responsible for collating and submitting the entire team's entry as one package.

**The team coordinator should:**

- 4 Obtain a complete set of entry forms. You'll find one set in this guide. It consists of: Paddler Entry Kit (3 forms)  
Boat Registration Kit(2 forms)  
Payment Summary (1 form)  
6 forms total
- 5 Ensure each paddler receives their own Paddler Entry Kit, either by photocopying the kit provided here or by downloading additional copies from our website.  
[www.redcross.org.au/vic/murraymarathon.htm](http://www.redcross.org.au/vic/murraymarathon.htm)
- 6 Complete one Boat Entry Kit and Payment Summary for the entire team. Ensure each paddler has correctly filled out their Paddler Entry Kit. If you have gained sponsorship, issue a receipt from the receipt book provided.  
(Call (03) 8327 7742 to obtain a receipt book).
- 7 Return all completed Paddler Kits, the Boat Kit, Payment Summary, entry fee, minimum fundraising component and the remains of any receipt books as one package by **Monday 8 December** to:  
Red Cross Murray Marathon  
GPO Box 9949  
Melbourne VIC 3001
- 8 Details of your canoe number will be posted to you. Bring this information with you to have your boat scrutinised at either Footscray on Sunday 14 December or Tocumwal on Friday 26 December.

**Each paddler should:**

Do whatever you can to streamline your team's entry process by helping out with any sponsorship or fundraising efforts and communicate with the team coordinator regularly.

Ensure a paddler kit is obtained from your team coordinator in enough time to accurately complete it.

Fill out your paddler kit completely and accurately and return it to your team coordinator well in advance of the closing date for entries.

Up the intensity of your training in the months leading up to the event without overdoing it. Small amounts of training on a regular basis are more effective than one big lot that can causes muscle strain and injury.

Arrive bright eyed, bushy tailed and ready to go in Tocumwal on December 26 for the official briefing.

**The entry checklist above should not be seen as a substitute for the rest of the pages in this book!**

In order to complete your entry accurately, you WILL NEED to read through the entire entry guide. Returning paddlers should DISCARD any past copies of entry information or entry forms they have from previous years as they WILL NOT BE ACCEPTED in 2008.

# Paddler Entry & Declaration

ALL PARTICIPANTS IN THE EVENT MUST COMPLETE A DECLARATION FORM

**Please read carefully before signing**

In consideration of being accepted by the Australian Red Cross Society (Red Cross) as an entrant in the Red Cross Murray Marathon (from here on referred to as the 'event').

**I UNDERSTAND:**

That competing in the event involves paddling on the Murray River and that I am aware of the hazards involved. Hazards include, but are not limited to, death, serious illness or injury.

That the event is physically and mentally demanding and that I should check with a qualified medical practitioner if in doubt of my ability to safely participate.

That Red Cross is relying on my judgement that I have sufficient competence and experience to participate safely.

That Red Cross insurance for the events does not cover me, my equipment or support crew.

**I AGREE:**

To comply with all the rules of the event prescribed by Red Cross and any of its sponsors, officials, servants, volunteers and agents.

For myself, my dependants, my heirs, executors or administrators I waive, release and discharge Red Cross, its sponsors and any of their respective officials, servants, volunteers and agents from and against all and any claims or actions which I (or persons claiming through or under me) may have against them or any of them with respect to death, injury or loss of any kind whatsoever suffered or incurred by me even if such death, injury or loss was caused by or contributed to by the act, default or omission (amounting to negligence or otherwise) of Red Cross, its sponsors and any of their respective officials, servants, volunteers or agents.

That Red Cross reserves the right to alter the advertised course or cancel the event if conditions, in the opinion of Red Cross, warrant, with no refunds being issued.

To co-operate fully with Red Cross and its sponsors during the event and at

any function at the end of the event and to permit myself to be photographed or filmed (including video or television coverage) either alone or in association with Red Cross or its sponsors in any reasonable manner required by Red Cross or any of its sponsors. Many activities related to the event are likely to be filmed, taped, photographed or otherwise recorded. I grant Red Cross my irrevocable consent to publish, use (or refrain from using), assign or transfer, my name, likeness and photograph, voice, and any taped or recorded appearance or interview with me, in publicising, advertising, promoting, or administering the event in any and all media worldwide, without further compensation or approval by me (except as may be prohibited by law).

As a condition of entry I agree to complete a medical form. I hereby declare that the medical information I provide is true and correct, and I release Red Cross, its officials, servants, agents and sponsors from and indemnify them in consideration to any medical claims or demands I may incur in respect to death, loss or injury of any kind sustained or suffered by me and arising out of or in connection with my participation in the event.

I agree to receive and pay for medical treatment including transport by ambulance, which is considered by organisers to be advisable and which is provided to me at the request or direction of the organisers before, during or after the event.

--

I have read and understood the above declaration and acknowledge that if, in the opinion of Red Cross, I fail to comply with any of the above, I may be disqualified from the event. I agree to abide by all race rules and directions as stated in the declaration and upon literature and other materials distributed in connection with the event.

I agree to have my mailing details recorded and used for future promotions by event organisers.

I agree the entry fees are non-refundable and are not transferable.

If you are under 18 years of age on 26 December 2008, your entry must be signed by your parent or guardian who agrees to indemnify Red Cross, the sponsors and their respective officials, servants, volunteers and agents in respect of any claim you may make against them or any of them.

ANY AMENDMENTS TO RULES CAN BE FOUND AT:  
<http://www.redcross.org.au/vic/murraymarathon.htm>

Please print CLEARLY using CAPITAL LETTERS

Male  Female  Please tick if FAMILY NAME is normally written first

Given name \_\_\_\_\_

SIGNATURE OF ENTRANT

Family name \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/19\_\_\_\_

DECLARATION TO BE SIGNED BY PARENT OR  
GUARDIAN IF COMPETITOR IS UNDER 18

Postal address as it would appear on a postal envelope  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am the parent or guardian of

Suburb/Town \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

who will be \_\_\_\_\_ years of age at the commencement  
of the event and that he/she has trained for and has my  
consent to participate in the event.

Country \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

Telephone (home) \_\_\_\_\_

Telephone (mobile) \_\_\_\_\_

Email \_\_\_\_\_

# Medical Information

**Private and confidential****IT IS A CONDITION OF ENTRY INTO THE EVENT THAT YOU SUPPLY THE FOLLOWING DETAILS**

Please print using CAPITAL LETTERS

Given name \_\_\_\_\_ Medicare no. (Aus. residents) \_\_\_\_\_

Family name \_\_\_\_\_ Ambulance subscription no. \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_ / \_\_\_\_ /19 \_\_\_\_

**Emergency contact person** (this must be someone not travelling on the Marathon and who has your and/or your team's contact details)

Name \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Home address \_\_\_\_\_ Telephone (mobile) \_\_\_\_\_

Name of doctor/specialist \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Next of kin \_\_\_\_\_ Telephone \_\_\_\_\_

**Have you ever had any of the following?** (please tick)Yes  No 

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Epilepsy or other fits | <input type="checkbox"/> Other serious illness            |
| <input type="checkbox"/> Rheumatic fever     | <input type="checkbox"/> Heart attack/condition | <input type="checkbox"/> Nervous breakdown      | <input type="checkbox"/> Blood clot in the lung/legs      |
| <input type="checkbox"/> Kidney disease      | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Eczema                 | <input type="checkbox"/> Respiratory condition eg. asthma |
| <input type="checkbox"/> Anaemia             | <input type="checkbox"/> Hay fever              | <input type="checkbox"/> Prosthetic joints      | <input type="checkbox"/> Other                            |

If you ticked any of the above, please provide details: \_\_\_\_\_

Are you on any medication?  Yes  No

If yes, please list and provide dosage: \_\_\_\_\_

Are you allergic to any of the following? (please tick)

Yes  No 

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Penicillin      | <input type="checkbox"/> Food allergy     | <input type="checkbox"/> Aspirin     | <input type="checkbox"/> Iodine or skin preps |
| <input type="checkbox"/> Tetanus toxoids | <input type="checkbox"/> Adhesive/plaster | <input type="checkbox"/> Narcotics   | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Sulphonamide    | <input type="checkbox"/> Bites or stings  | <input type="checkbox"/> Other drugs |   |

If you ticked any of the above, please provide details and describe your symptoms: \_\_\_\_\_

I hereby declare that the medical information I provide is true and correct, and I release Red Cross, its officials, servants, agents and sponsors from and indemnify them in consideration to any medical claims or demands I may incur in respect to death, loss or injury of any kind sustained or suffered by me and arising out of or in connection with my participation in the event. I agree to receive and pay for medical treatment including transport by ambulance, which is considered by organisers to be advisable and which is provided to me at the request or direction of the organisers before, during or after the event.

SIGNED: \_\_\_\_\_ IF UNDER 18, PARENT/ GUARDIAN: \_\_\_\_\_

# Five minutes of fame

Please print CLEARLY using CAPITAL LETTERS

Given name \_\_\_\_\_ Occupation \_\_\_\_\_

Family name \_\_\_\_\_ Age during 2008 Marathon \_\_\_\_\_

Suburb \_\_\_\_\_ Mobile no. at event \_\_\_\_\_

Pre-event phone (h) \_\_\_\_\_ Pre-event phone (w) \_\_\_\_\_

## Local media

What is the name of your local Newspaper \_\_\_\_\_

Radio station \_\_\_\_\_

Television station \_\_\_\_\_

## Paddling history

How long have you been an active paddler?  0-1 years  1-2 years  3-5 years  5+ years

Are you a member of a canoe club?  Yes  No

Will this be your first trip to the Marathon?  Yes  No  No, I have crewed/volunteered

If no, how many and mainly in what category have you paddled? \_\_\_\_\_

Describe your greatest canoeing/ Murray Marathon moment: \_\_\_\_\_

## Motivation

Have you seen/ heard of the Marathon via any of the following? (tick all that apply)

<input type="checkbox"/> Marathon advertising (printed)	<input type="checkbox"/> TV or radio story
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Online game
<input type="checkbox"/> Newspaper/ magazine article	<input type="checkbox"/> Other _____

What made you decide to take part in the Red Cross Murray Marathon'? \_\_\_\_\_

How did you fundraise for the Red Cross Murray Marathon?

<input type="checkbox"/> Gained sponsorship	<input type="checkbox"/> Paid for it myself
<input type="checkbox"/> Sold raffle tickets	<input type="checkbox"/> Online fundraising
<input type="checkbox"/> Other _____	

## Other pastimes

Do you participate in any other sports? (please list) \_\_\_\_\_

Have you participated in any other organised sporting challenges? Yes  No

If yes, please give details (eg/ Mars Challenge, Great Vic Bike Ride) \_\_\_\_\_

**Do you have a claim to fame or story to share? We'd love to hear it. Please share it us by writing your story over the page.**

I grant Red Cross my irrevocable consent to publish, use (or refrain from using), assign or transfer, my name, likeness and photograph, voice, and any taped or recorded appearance or interview with me, in publicising, advertising, promoting, or administering the event in any and all media worldwide, without further compensation or approval by me (except as may be prohibited by law).

SIGNED: \_\_\_\_\_ IF UNDER 18, PARENT/ GUARDIAN: \_\_\_\_\_

OFFICE USE ONLY  
CANOE NO:

CLASS ENTERED:

# Craft and class details

## Open / Veteran category selection (please tick your class requirements)

<input type="checkbox"/> Competitive	<input type="checkbox"/> Adventure <small>(Non-competitive)</small>
<input type="checkbox"/> Marathon	<input type="checkbox"/> Half-Marathon
<input type="checkbox"/> Open	<input type="checkbox"/> Womens
	<input type="checkbox"/> Relay
	<input type="checkbox"/> Mixed

Paddlers wishing to compete in the K4 Challenge should contact (03) 8327 7742

**Age group** (if more than one paddler, select the age group of the youngest team member)

17 – 39     
  40 – 49     
  50 – 59     
  60 +

**Type of craft**

K1    K2    K4    TK1    TK2    C1    C2    TC1    TC2    OC1    OC2  
 OS1    SS1    SS2    RKS1    RKM1    RKL1    RKL2    UNR1    UNR2

**PLEASE NOTE HALF MARATHON COMPETITORS MAY ONLY PADDLE TK1, TK2, TC2, RKM1 OR RKL2 CRAFT**

**Miscellaneous**  
Describe your craft

Length (m) \_\_\_\_\_ Width (m) \_\_\_\_\_

**Paddle type**

Single blade     
  Double blade     
  Pedal     
  Other

**Other info** (describe shape, building materials if novelty craft)

\_\_\_\_\_

\_\_\_\_\_

## Competitor t-shirts (for all paddlers)

**T-shirt sizes** (tally total sizes for all paddlers in your team. Please note one T-shirt per paddler.)

MENS	S	M	L	XL	XXL
WOMENS	8-10	12-14	16-18	-	-

## Marathon class amalgamation policy

1. The BASE category must have sufficient starters (three) prior to Veteran categories being established.
2. Where there is insufficient starters (three) to constitute a veteran category, the competition committee will move competitors into the most relevant category within the same craft class.
3. The BASE competitive categories are OPEN, WOMENS and MIXED.

**THIS ENTRY FORM IS CONTINUED OVER THE PAGE. PLEASE ENSURE ALL DETAILS ARE FILLED OUT.**

## Junior / Schools category selection (please tick your class requirements)

### Junior Marathon

**Age group** (if more than one paddler, select the age group of the oldest team member)

Under 14       Under 16       Under 18

**Type of craft**

K1       K2       TK1       TK2       TC1       TC2

### Junior/ School Relay

TK2 School Relay

Under 16       Over 16 Open       Over 16 Womens       Over 16 Mixed

TK2 Junior Relay

Under 16       Over 16 Open       Over 16 Womens       Over 16 Mixed

### All paddler / team details List all paddlers for your boat. (This is applicable for all entrants)

Paddler #	Name	Telephone	T-Shirt Size	Paddler Kit Complete
Captain				<input type="checkbox"/>
Paddler 2				<input type="checkbox"/>
Paddler 3				<input type="checkbox"/>
Paddler 4				<input type="checkbox"/>
Paddler 5				<input type="checkbox"/>
Paddler 6				<input type="checkbox"/>
Paddler 7				<input type="checkbox"/>
Paddler 8				<input type="checkbox"/>
Paddler 9				<input type="checkbox"/>
Paddler 10				<input type="checkbox"/>
Paddler 11				<input type="checkbox"/>
Paddler 12				<input type="checkbox"/>
Paddler 13				<input type="checkbox"/>
Paddler 14				<input type="checkbox"/>
Paddler 15				<input type="checkbox"/>
Paddler 16				<input type="checkbox"/>

**DON'T FORGET TO NOMINATE YOUR RELAY TEAM NAME:**

Relay team name: \_\_\_\_\_

# Team logistics

Please print CLEARLY using CAPITAL LETTERS

## Land crew leader's details

Leader's name _____	Alternate contact: _____
At-event mobile no: _____	At-event mobile no: _____
Vehicle registration no: _____ State: _____	Vehicle registration no: _____ State: _____

The land crew leader should be someone who shall be present at the event for its duration, and ideally should be camping/ staying with the bulk of the team. We recommend that the land crew leader keep a list of names and vehicle details for all persons travelling with the team. In the event of an emergency, this information can be passed on to the relevant authorities or emergency services.

Please make every attempt to carpool to and from the Marathon and to the checkpoints each day. Car parking spaces at checkpoints are quite limited and traffic congestion can be extremely heavy at times. All vehicles must obey directions given by officials. These people are here to help you to keep the event safe and to ensure the traffic flows as fluently as possible.

Full Distance and Half Marathon should use one vehicle for all support crew and supporters. Open/Veteran and School/Junior Relay teams over four paddlers should not exceed two vehicles to transport support crew and supporters. K1 cup vehicles will have priority access to all checkpoints. Half Marathon vehicles will have priority access to Half Marathon start checkpoints.

## Details of vehicle transporting canoe

Vehicle owner _____	Make/ model: _____
Vehicle registration no: _____ State: _____	Colour: _____

## Other land crew members

Name _____	Mobile phone: _____
Name _____	Mobile phone: _____
Name _____	Mobile phone: _____
Name _____	Mobile phone: _____
Name _____	Mobile phone: _____

## Where will your team be staying?

<p><b>26 December – Tocumwal</b></p> <input type="checkbox"/> Official campsite <input type="checkbox"/> Other (please specify) _____	<p><b>27 December – Tocumwal</b></p> <input type="checkbox"/> Official campsite <input type="checkbox"/> Other (please specify) _____	<p><b>28 December – Echuca</b></p> <input type="checkbox"/> Official campsite <input type="checkbox"/> Other (please specify) _____
<p><b>29 December – Echuca</b></p> <input type="checkbox"/> Official campsite <input type="checkbox"/> Other (please specify) _____	<p><b>30 December – Cohuna</b></p> <input type="checkbox"/> Official campsite <input type="checkbox"/> Other (please specify) _____	<p><b>31 December – Swan Hill</b></p> <input type="checkbox"/> Official campsite <input type="checkbox"/> Other (please specify) _____

**OFFICE USE ONLY**  
CANOE NO: \_\_\_\_\_

# Payment summary

Registration costs per boat entered						PLEASE TICK THE CATEGORY YOU WISH TO ENTER
Category	Entry Fee	# Paddlers	Fundraising	Total		
Full Distance/ Half Marathon	Single	\$75	1	\$350	\$425	<input type="checkbox"/>
	Double	\$150	2	\$700 per pair	\$850	<input type="checkbox"/>
	K4	\$300	4	\$1,400 per team	\$1,700	<input type="checkbox"/>
Relay	Single	\$375	4 or more	\$1,250 per team	\$1,625	<input type="checkbox"/>
	Single	\$375	3 or less	\$1,000 per team	\$1,375	<input type="checkbox"/>
	Double	\$750	7 or more	\$2,500 per team	\$3,250	<input type="checkbox"/>
	Double	\$750	6 or less	\$2,000 per team	\$2,750	<input type="checkbox"/>
	School/ Junior Relay	Double	\$750	7 or more	\$1,500 per team	\$2,250
Junior	Double	\$750	6 or less	\$1,000 per team	\$1,750	<input type="checkbox"/>
	Single	\$75	1	\$150	\$225	<input type="checkbox"/>
	Double	\$150	2	\$300 per pair	\$450	<input type="checkbox"/>

**Nominating a team coordinator**  
All correspondence regarding your entry, including receipts for payments made, will be sent to your team coordinator. This person can be a paddler, land crew member or otherwise, and is responsible for managing all aspects of the team's entry.  
  
It's a good idea to choose someone who is reliable and easily contactable to act as your team coordinator.

## Team coordinator's details

Name \_\_\_\_\_ Postal address \_\_\_\_\_  
Telephone \_\_\_\_\_ Postcode \_\_\_\_\_

**Payment details.** Full payment of your / your team's entry fee and fundraising component must be made by **ONE** of the following methods (please tick). Note: only **one** cheque, money order or credit card number can be supplied. Cheque and money orders are made payable to Red Cross. Payment for raffle tickets must be returned separately to the Raffle Department with the raffle reconciliation & remittance form.

Cheque     Money Order     Credit Card

## Entry fee payment details (the entry fee component is non tax deductible)

Use the table above to locate the entry fee payable for your category and write it here      **Entry Fee due: \$**  **.00**  
OFFICE USE ONLY VMM08SP \_\_\_\_\_

## Fundraising payment details

<b>Sponsors/other</b>	Red Cross will NOT issue receipts to your sponsors. • Please issue them with a receipt from your receipt book • Please enclose the receipt book with this payment • If you have not yet requested a receipt book and require one, please tick here <input type="checkbox"/> How much money have you raised through sponsorship? <b>TOTAL \$</b> _____ OFFICE USE ONLY VMM08SP _____	<b>Personal donation receipt requests</b> <table border="0"> <tr> <td style="text-align: right;">Paddler name</td> <td style="text-align: right;">Amount</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>_____</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Paddler name	Amount	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____
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<b>Your donation</b>	If you are making a <b>personal donation</b> to cover all or part of your fundraising component: • Red Cross WILL issue you with an official receipt • Please fill out each paddler's name and the amount they have donated on the right How much money is covered by personal donations? <b>TOTAL \$</b> _____ OFFICE USE ONLY VMM08SP _____																					
	<b>Raffle</b>	If you have sold Red Cross raffle tickets to help meet your fundraising target, please tick here <input type="checkbox"/> Enter the raffle I.D you were issued when you received your raffle tickets: <input type="text" value="VRAFMM08P"/>																				
Total value of tickets sold: \$ _____ Payment for raffle tickets must be returned separately with the raffle reconciliation & remittance form.																						
<b>TOTAL PAYMENT</b> (entry + fundraising <b>LESS</b> raffle tickets sold)		<b>\$</b> _____ <b>.</b>																				

**Credit Card payment details**     Bankcard     Visa     Mastercard     Amex     Diners

Card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry \_\_\_\_ / \_\_\_\_    Amount \$ \_\_\_\_\_ . 00

Cardholder's name \_\_\_\_\_    Cardholder's signature \_\_\_\_\_