

Participant undertaking the Activity at mine and their own risk.

Ultra Trail Youth Participation Guardian Consent and Waiver

R and A Australia T/as Ultra Trail Jervis Bay ABN 73891418243

| Date of Activity: 28/6/2025 | |
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| Race being Entered: | |
| ☐ 106km Mega Trail | |
| ☐ 53km Coastal Trail | |
| 20km Beach Burn | |
| | |
| Parent / Guardian Name: | |
| Participant Name: | |
| Participants DOB: | |
| Age on Race Day: | |
| Parent Email: Ph: | |
| Parent Address: | |
| Emergency Contact Name and Ph: (if different to above)** | |
| ** This should be the person that is part of the support crew for the Participant of | during the Event. |
| To R&A Australia Pty Ltd t/as Ultra Trail Jervis Bay ("UTJB"), I declare the following: | |
| In consideration for my child's (the "Participant's") participation in the Ultra Trail Running "Activity") I agree to this Assumption of Risk, Liability Release and Medical Information Agr | |
| Release of Liability I WAIVE, RELEASE, AND DISCHARGE UTJB from any and all liability for the Participant's damage, property loss or property theft, or actions of any kind which may hereafter occur to my/the Participant's traveling to and from the Activity. | |
| | Agreed By Guardian |
| Risks I understand that there are inherent and obvious risks associated with the Activity, includi extreme physical exertion, exposure to natural elements, significant weather exposure, vehicles and other members of the public. I understand that the Activity will be conducted that in certain places is remote and will require basic outdoor navigation skills, potential | potential interaction with wildlife as well as in an outdoor, dynamic, natural environment |

hours. I understand that there may not be immediate access to medical attention. I have considered these Risks and approve the

Agreed By Guardian

Health and Medical Sign Off

I certify that the Participant is of suitable physical fitness and health to undertake the Activity and I understand that this will be physically demanding and that the Participant and I have been made aware of the risks before signing this Agreement. If I am unsure as to whether the Participant is suitable for the Activity, or if the Participant has any chronic medical condition that may impact the safety of their participation, then I have obtained appropriate medical advice on the Participant's behalf prior to signing this Agreement. I confirm that there is no Medical reason, to my knowledge, that would preclude the Participant from safely participating in the Activity.

| | Agreed By Guardian | |
|--|---|--|
| well as the extreme length of the events. Both I and Participant has the required knowledge, experience, the minimum qualification requirements outlined on the minimum qualification requirements outlined on the minimum qualification requirements. | fitness and experience, specifically relating to the off-road nature of the courses, as the Participant have considered these Risks and requirements and believe that the training history and fitness to safely participate in the Activity. Further I confirm that the UTJB website have been met by the Participant. I further confirm that I will be checkpoints to support the Participant throughout the event. **Agreed By Guardian** | |
| Participant to receive such medical or surgical treatm | here it is impractical to communicate with me/my next of kin, to arrange for the nent as may be deemed necessary by UTJB. I undertake to pay or reimburse UTJB medical attention, ambulance transport and medication while I/the Participant is | |
| | imize any risk of personal injury within practical boundaries, accidents do happen e risk of personal injury. I acknowledge that there is an inherent and obvious risk of t risk. | |
| also understand that it is solely up to the Participant to exercise due caution and consideration as part of the Activity and that UTJB is not providing any supervision, instruction or individual support during the Activity. | | |
| confirm that I am over 18 (eighteen) years of age and I am the Participant's legal guardian. I have read and understood this Agreement prior to signing this document and I agree that this Agreement will be binding upon me, the Participant, my heirs, next of kin, executors, administrators and successors. I agree that this document may be relied upon in any proceedings which relate to me/the Participant. I understand that this Agreement will cover the Activity on this date, and any and all future dates. | | |
| consent for UTJB to use photos, footage and images taken as part of the Activity, as part of marketing and promotional material, ncluding posting on social media and the event website. | | |
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| Signature of Participant | Signature of Legal Guardian of the Participant | |
| Date: | Guardian Name: | |
| | Date: | |
| | | |