



IPSWICH

Queensland Raceways

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LAKESIDE PARK

MEDIA ACCREDITATION APPLICATION

Applicants Details

(PLEASE TICK BOXES WHERE APPLICABLE)

Journalist Photographer PR Representative Other

Ms / Miss / Mrs / Mr

_____ SURNAME

_____ Given Names

Work Details

_____ Street

_____ Town / Suburb

_____ State

_____ P/Code

Phone Numbers:

_____ Work

_____ Mobile

_____ Fax

email: _____

Organisation Details

(PLEASE TICK BOXES WHERE APPLICABLE)

Print Television Radio Other

_____ Name of Media Organisation

_____ Editor / Chief of Staff Name

Phone Numbers:

_____ Work

_____ Mobile

_____ Fax

_____ Editor / Chief of Staff Signature

_____/_____/_____
Date

MEDIA DISCLAIMER

I acknowledge and agree as a condition of this Accreditation that the Sanctioning Authority, or the Promoters or the Sponsors Organisation or Land Owners or Lessees or Organisers of the event, or their respective servants, officials, representatives or agents ("the organisers") shall be under no liability for my death or bodily injury, loss or damage which may be sustained or incurred by me as a result of participation in the event except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that motor sport is dangerous and accidents can happen.

I also acknowledge that there is the possibility of an accident causing injury, death or property damage.

I will obey all directions from Queensland Raceways staff and officials.

I am over the age of 18 years.

_____ Name in Full PLEASE PRINT

_____ Signed

_____/_____/_____
Date

_____ Organisation

_____ Address

_____ Town

_____ P/Code