

**2010 Drug Aware Pro Margaret River  
presented by Rusty**

March 16 - 21, 2010  
Margaret River, Western Australia

Live on [www.drugawarepro.com](http://www.drugawarepro.com)

**MEDIA ACCREDITATION APPLICATION FORM**

Please complete and return this application form IN FULL. Applications not completed in full will not be approved for onsite media access.

You will be advised (via email) of the status of your application one week prior to the event's commencement. If approved, an official media pass will be supplied to you at the event site Media Centre. Please note that without a media pass you will not have access to interviews, photography / video or any restricted media locations at the event site.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation you represent\*: \_\_\_\_\_

Intended use of material (ie how / where will your work be used): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Your Organisation\***

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Post / Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Your organisation's website: \_\_\_\_\_

Name of Editor / Producer and their contact details for verification of your credentials:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Department Head / Sports Editor / Producer's signature: \_\_\_\_\_

*\*Note – freelance media, please indicate the media outlet/s you will be representing / working for.*

**Media Position / Type**

- Journalist     Print Media     Photographer     Television     Camera Operator  
 Radio     Surfing Magazine     Sports Magazine     Newspaper     Internet media  
 Free-to-air Television     Pay Television     Video producer  
 Association of Surfing Professionals (ASP) accredited media

Other (please specify) \_\_\_\_\_

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If you will be accompanied by a photographer, camera crew or any other colleague, please include details below:

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Only accredited broadcast news and official media crews have access to the event and no more than three minutes of edited footage shall be used for daily news feeds. All television networks, photographers, video producers, Internet media and electronic media personnel must obtain prior clearance and approval from the Media Director.

All broadcast rights, photographic rights, video rights and Internet rights remain the property of the Drug Aware Pro Margaret River and ASP Australasia.

Media passes must be worn at all times. The media pass is NOT transferable. Request for surfer interviews at the event must be directed to the event's official Media Director or a member of the event media team.

**Please return this form to:**

Fax: National (08) 9443 8622 or International +61 8 9443 8622

Email: [jdover@buzzmarketing.com.au](mailto:jdover@buzzmarketing.com.au)

Snail mail: PO Box 196, Leederville, Western Australia 6903

**Further information:**

**Media Director**

Jason Dover

E: [jdover@buzzmarketing.com.au](mailto:jdover@buzzmarketing.com.au) M: 0419 892 100

**Photography & TV Vision**

Steve Robertson

E: [stever@surfingaustralia.com](mailto:stever@surfingaustralia.com) M: 0407 706 874

***The following page containing the disclaimer – Exclusion of Liability, Release and Assumption of Risk form – MUST BE completed to attain accreditation.***

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**IMPORTANT  
DISCLAIMER – EXCLUSION OF LIABILITY, RELEASE  
AND ASSUMPTION OF RISK**

Your application is subject to conditions which are set out below. These conditions are made for the safety of all event participants.

**You should read these conditions carefully before completing your Application.**

In exchange for being able to attend or participate in the event (and as a condition of this media pass), I agree:

- To release the Drug Aware Pro Margaret River, the promoters, sponsor organisations, land owners and lessees, organisers of the event, their respective servants, officials, representatives and agents (collectively, the "Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property damage) ("harm") how so ever arising from my participation in or attendance at the event, except to the extent prohibited by law; that the Associated Entities do not make any warranty, implied or express, that the event services will be provided with due care and skill or that any materials provided in connection with the services will be fit for the purpose for which they are supplied; and to attend or participate in any form in this the event at my own risk.
- I acknowledge that the risks associated with attending or participating in the event includes the risk that I may suffer harm as a result of: property or persons related to the event colliding or coming into contact with other persons or property, including myself; acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the event; and failure or unsuitability of facilities (including grand-stands, fences and guard rails) to ensure the safety of persons or property at the event; I acknowledge that sport in general can be dangerous and accidents causing harm can and do happen and may happen to me.
- I accept the conditions of, and acknowledge the risks arising from, attending or participating in event and being provided with the event services by the Associated Entities.
- I also understand that any film or print material from the Drug Aware Pro Margaret River is to be used for the purposes stated above and will not be used in competition to that produced by event organisers or Associated Entities.
- This includes sales of photographs, film or literature to competitors, officials, sponsors, media or any organisation at the discretion of event organisers, without the prior written approval of the Drug Aware Pro Margaret River.

**MEDIA REPRESENTATIVE**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Post/Zip Code: \_\_\_\_\_

**WITNESS**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***I hereby apply for a media pass as a nominated and accredited media representative at the Drug Aware Pro Margaret River, Western Australia, from March 16 - 21, 2010. I have read all of the conditions of Media Accreditation Application contained in this document and I fully understand that I have surrendered substantial rights in making this application. I make the application voluntarily and intend my signature hereunder to be a complete and unconditional indemnity as described above to the greatest extent allowed by law.***

Signature: \_\_\_\_\_