SYDNEY EVENTING

September 2026

MEDIA ACCREDITATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Post Code: _____

Email: _____ Mobile Phone: _____

Emergency Contact: _____ Phone: _____

Relationship _____

Media Company you represent: _____ ABN: _____

Media Role

- ◯ Photographer
- ◯ Journalist
- ◯ Videographer
- ◯ Other _____

INSURANCE INFORMATION

Public Liability Insurance Cover Amount

- ◯ $20 Million
- ◯ $10 Million

Minimum $10 million Public Liability is required. $20 million cover is preferred

WORKING WITH CHILDREN CERTIFICATE

Do you hold a valid Working With Children Check?

- ◯ Yes
- ◯ No - You cannot continue

WWCC Number: _____ State / Territory of Issue: _____

Expiry Date: _____

ACKNOWLEDGMENT

- ◯ I confirm that the information provided is accurate and current
- ◯ I acknowledge that accreditation is granted at the discretion of Sydney Eventing
- ◯ I agree to comply with all Sydney Eventing, SIEC and Office of Sport site rules
- ◯ I understand that accreditation may be withdrawn if conditions are breached

_____ _____ _____

Full Name Signature Date