

Slipstream

Challenge for Charity 2015 Registration Form

APPLICANT INFORMATION

Registration Fee per Team: \$600.00

Name of Team					
Names of Team Members	First Name	Surname	Date of Birth	Gender	Road / Mountain
	1.		1.	1.	1.
	2.		2.	2.	2.
	3.		3.	3.	3.
	4.		4.	4.	4.
Email address & Telephone Number for Team Lead					
Category					

If a participant is in any doubt as to their physical condition to participate in this event, please seek prior medical advice. Each Team and its members participate in this event entirely at their own risk and are expected to take all the necessary precautions appropriate for this event. Slipstream Cycling Club **will not be held liable** for any bodily injury, death and/or other loss and/or damage sustained by participants.

MEDICAL CONDITIONS

Condition	YES/NO	Further Information
Epilepsy		
Fainting/dizzy spells		
Heart conditions		
Diabetes		
Allergies		
Respiratory Disorders		
Sports Injuries		
Other medical Information		
Emergency Contact	1. 2. 3. 4.	Relationship & Telephone No. 1. 2. 3. 4.

**ATHLETIC WAIVER AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING**

As a participant of the **Slipstream Cycling Club ("the Club")** Challenge for Charity 2015 and in consideration of being allowed to participate in this event, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this event is significant, including the potential for permanent injury and/or death, and while the precautions taken by the Club in organizing this event and personal discipline may reduce this risk, the serious risk of injury and/or death does exist; and
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE CLUB** or others, and assume full responsibility for my participation; and
3. I promise to abide by the Rules of the event and I am aware that the failure to follow these Rules may result in me and my Team being removed from the event. I also agree to abide by the final decisions of Officials of the event; and
4. I willingly agree to comply with the Club's Rules and customary terms and conditions for participation in the Club's activities. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and
5. I agree to pay the Registration fees; and
6. In the event that I am injured, I authorize any Officer, Servant and/or Agent of the Club to obtain any medical/hospitalization treatment deemed necessary, which will be at my expense; and
7. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Slipstream Cycling Club and/or its servants and/or agents, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS,
AND SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

.....
Participant's/Parent/Guardian Signature

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Date

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Participant's/Parent/Guardian Signature

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Date

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Participant's/Parent/Guardian Signature

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Date

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Participant's/Parent/Guardian Signature

.....
Date

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in this event as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.