

Central South Island Charity Bike Ride 2018

ENTRY FORM

Ride numbers limited – Entries close 31st November

| | |
|---|---|
| NAME: | |
| ADDRESS: | POSTCODE: |
| E-MAIL: NB: An email address is essential for correspondence. It will be shared with your Group Leader for contact purposes | |
| DATE OF BIRTH: | GENDER: <input type="checkbox"/> F <input type="checkbox"/> M |
| PHONE (Home): | MOBILE: |

| | |
|-------------------------|---------|
| EMERGENCY CONTACT NAME: | |
| PHONE: | MOBILE: |

| | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| RIDE GROUP: (Please indicate your preferred ride group) | | | |
| <input type="checkbox"/> 15+ kph | <input type="checkbox"/> 20+ kph | <input type="checkbox"/> 25+ kph | <input type="checkbox"/> 30+ kph |

| | | | | | |
|--|---------------------------------|--------------------------------|-----------------------------|------------------------------|--------------------------------------|
| RIDER SHIRT- SIZE: (Please indicate your shirt size) | | | | | |
| <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large | <input type="checkbox"/> XL | <input type="checkbox"/> XXL | <input type="checkbox"/> Other _____ |

| | | |
|---|--|--|
| DO YOU HAVE ANY SPECIFIC DIETARY REQUIREMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No Please state: | | |
|---|--|--|

| | |
|--|--|
| DO YOU HAVE ANY CURRENT MEDICAL CONDITION FOR WHICH YOU ARE BEING TREATED THAT THE ORGANIZERS OF THE EVENT NEED TO BE AWARE OF IN CASE OF AN EMERGENCY? E.g.: Asthma; Diabetes; Heart Condition etc. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If you ticked yes, please enter details: |

| | |
|--|--|
| HAVE YOU READ AND DO YOU AGREE WITH THE WAIVER/INDEMNIFICATION and CONDITIONS OF ENTRY? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|---|---|---|
| ENTRY FEES: (Please tick the appropriate boxes) | | |
| <input type="checkbox"/> Rider - \$220 | <input type="checkbox"/> Driver - \$125 | <input type="checkbox"/> Support Crew - \$125 |
| HOW WILL YOU PAY FOR YOUR ENTRY FEE? | | |
| <input type="checkbox"/> Entry Fee Attached (Cheque to be made to "Central South Island Charity Bike Ride") | | |
| <input type="checkbox"/> Cash Deposit into ANZ 01-0885-0060157-01 (PLEASE state name as reference e.g. J.L.Mackie) | | |
| THERE WILL BE NO REFUNDS | | |

| | |
|--|---|
| DO YOU REQUIRE ANY ADDITIONAL MEAL TICKETS FOR THE DINNER ON SATURDAY NIGHT? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please include an additional \$40 per person with the entry fee |

| | |
|--|--|
| <p>WAIVER RELEASE & INDEMNIFICATION – In consideration of my entry in the 2018 Central South Island Charity Bike Ride, I have read and hereby agree to the Conditions of Entry.</p> <p>I hereby release, exempt and indemnify the organizers, sponsors and other persons and organizations involved from all action, proceeding, demands and costs, expenses and claims whatsoever made or taken by any person arising out of my participation in the 2018 Central South Island Charity Bike Ride.</p> <p>I have read and understand the Waiver Release and Indemnification and agree to the Conditions of Entry</p> | |
| PARTICIPANT'S SIGNATURE: _____ Date: _____ | |
| (If under the age of 18, the parent or guardian is to sign. Entry will be subject to Committee approval) | |
| How did you hear about the event? <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Bike Shop <input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other: _____ | |

POST ENTRIES TO: Hospice SC, P.O. Box 4007, Highfield, Timaru 7942. Attention: CSICBR

OR EMAIL to: bikeride@hospicesc.org.nz

All communication will be via email and the website

Website: www.csicbikeride.co.nz