

MASTERS & LADIES CYCLING CLUB: PORT ELIZABETH

(formerly EP Veterans & Ladies Cycling Association)

13 Groendal Avenue, Moringside, 6025
Tel: 041 369 5963 Fax: 086 687 3881 Cell: 084 554 5376

www.masterspe.co.za
e-mail address: admin@masterspe.co.za



TEMPORARY VISITORS APPLICATION (Qualification Age: Males and Females minimum 15 years)

Prof	Dr	Mr	Mrs	Miss	Surname:		
Initials:				First Names:			
Date of Birth:		ID Number:		Gender: Male Female		CSA Age Group	
Telephone Home:			Telephone Work:			Cell Phone:	

E-mail address:

Are you a member of a Cycling Club?		Yes	No	If Yes, which Club?				
Best time in Cape Town Cycle Tour or Herald		hh	:	mm	:	ss	Which Year?	Your current average km/h

PAYMENT DETAILS

Entry Fee into Race	R150.00	R
TOTAL DUE		R

OPTIONAL CONFIDENTIAL INFORMATION - IN CASE OF AN ACCIDENT / EMERGENCY

Contact Name	Relationship	Contact Number:	Allergies / Medic-Alert:
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IMPORTANT NOTICE

Masters and Ladies events are not Sanctioned CSA events but approved by provincial body ECC.
Our events do comply fully with statutory Sporting Events Act Requirements

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ('AGREEMENT')

In consideration of being permitted to participate in any way in any activity organized by the MASTERS & LADIES CYCLING CLUB : PORT ELIZABETH, I, for myself, my personal representatives, heirs and next of kin:

- Acknowledge, agree and represent that I understand the nature of Bicycling Activities and that I am qualified, in good health and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity, and upon which the hazards of traveling are to be expected. I further agree and warrant that at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- Fully understand that:
 - Bicycling activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ('risks');
 - these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the 'releasees' named below;
 - there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time;and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the Activity.
- Hereby release, discharge and covenant not to sue the Club, their respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessees of premises on which the Activity takes place (each considered one of the 'releasees' herein) from all liability, claims, demands, losses or damages on my account caused, or alleged to be caused in whole or in part, by the negligence of the 'releasees' or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement I, or any one on my behalf, makes a claim against any of the 'releasees', I will indemnify, save and hold harmless each of the 'releasees' from any litigation expenses, attorneys' fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature, and intend it to be a complete and unconditional release of any liability to the greatest extent allowed by law, and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect. This agreement will remain valid in perpetuity and until withdrawn in writing by myself.

Print Name of Participant: _____

Signature of Participant : _____

Date: _____

I have read this release

I also accept that by participating as a visitor, I am not eligible for any club racing points, prize money, club recognition or awards of any kind.

CLUB BANKING DETAILS FOR DIRECT DEPOSIT

Bank:	First National Bank	Account Name:	Masters & Ladies Cycling Club
Account Number:	534 200 149 37	Branch Code:	261 050

**As reference, please include your name and surname. Visitor Name Surname
EFT Proof of payment and Visitor Application MUST email to club secretary
Or on the day either cash or card facility**

Race Number to be collected from Registration on day of race