

ST BERNARD'S HOSPICE

St Bernard's Hospice Annual Cycle Challenge

20 – 22 November 2019

EAST LONDON to QUEENSTOWN return (3 days)

R3500 Entry Fee includes accommodation & Meals along

PERSONAL DETAILS :

Name & Surname						
ID Number						
Contact Number						
E-mail Address						
Residential Address						
SHIRT SIZE – Please rather order one size bigger.						
Small	Medium	Large	X-Large	XX-Large	XXX-Large	Other

MEDICAL DETAILS :

Medical Aid Name		Medical Aid Number:	
Medical Aid Plan		Main Member	
Emergency Contact Person			
Emergency Contact Person			
Any Medical Conditions .			

Indemnity Form

While all care is taken for the safety of the cyclists and back up drivers for the duration of the event, we request that you please read the following indemnity, sign and return with your application form.

I, hereby exempt St Bernard's Hospice and any sponsor of this 2019 Cycle Challenge or any person assisting in the organization thereof (and any medical officials who may attend to me due to any injury) of any and all cases of personal injury or illness that I may sustain, directly or indirectly, due to my participation in the St Bernard's Hospice Cycle Challenge from East London to Queenstown and return – Event Date 20^h – 21th – 22th November 2019

Should I have to receive treatment at a hospital or any medical institution due to any injury, I will be responsible to pay my own expenses and no liability will be attached to the event.

I hereby indemnify St Bernard's Hospice and / or any person employed by or assisting St Bernard's Hospice in this Cycle Challenge against any liability for any damage (s) and or any injury (s) (including death) of any kind, to my person and / or property during any of the activities offered by St Bernard's Hospice which I choose to participate in.

I agree to pay my non-refundable deposit upon entry, as do I agree to pay the balance of my entry by 31 October 2019.

I confirm that this special agreement is entered into for the benefit of the St Bernard's Hospice Cycle Challenge, the sponsors and the people assisting in the organization of the event.

Please sign in full.

I agree	Signature:	Date:
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Return Completed form to :
Marchel Grant | Cell: 083 335 6167 | fundraising1@stbh.org.za