



Central Gippsland Health

BICYCLE RELAY



17 & 18 November 2018

Please complete and return this form addressed to:

The Cashier: Central Gippsland Health Service 155 Guthridge Pde, Sale 3850 OR email to CGHS.BikeRide@cghs.com.au

Please make cheques, money order payable to:

Central Gippsland Health Service

Office Use Only
CGHS Cashier: Cost Centre Y4003 Account: Code 58251

Main Contact Name:	I wish to be invoiced for the event <input type="checkbox"/>
Address:	I have enclosed a cheque <input type="checkbox"/> I am paying by cash/EFT at the cashier <input type="checkbox"/>
Email:	Mobile Phone:

Acknowledgement:

1. I the undersigned acknowledge that I am aware that cycling is an activity which carries inherent risks of injury and death and damage and that I enter the event fully accepting those risks.
2. I further acknowledge and understand that it is my own responsibility to ensure that at all times during the event I comply with all rules of the event and road rules and laws including but not limited to the wearing of helmets and carrying of reflectors/lights.
3. My bicycle is roadworthy and suitable for the event.
4. A medical practitioner has approved my entry.

Waiver:

In consideration of and as a condition of acceptance of my entry in the event I hereby waive any claim, right or cause of action whatsoever which I or my heirs, executors or administrators might otherwise have as a result of or arising out of my entry or participation in the event. This waiver shall operate separately in favour of all persons, corporations and bodies including but not limited to their servants and agents involved in the organization, promotion or staging of the event.

