

Plate #:	Circle Category: HT Junior Women Masters Sport Expert Elite
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Racer's Name		Date of Birth:
IC/Passport#	Email:	
Address:		
Tel (mobile):	Emergency contact number:	
Team:		

INDEMNITY FORM

I, the undersigned, of my own free will hereby apply to the organisers of Banshee Kiara Rage to practice and/or take part in a mountain bike downhill race.

WARNING

I acknowledge and agree that competitive downhill mountain bike riding and racing is dangerous and that accidents can and often do happen. I agree the organisers of Banshee Kiara Rage have the right to terminate the race at any time they consider the risks are not acceptable. I declare that I have read and understood these warnings and accept all inherent risk.

HEALTH

My current health condition and ability to participate is not affected by legal or illegal drugs or alcohol and I do not suffer a medical condition that prevents me participating safely. I am not pregnant and am aware that I should consult my doctor if I am unsure of my health status.

EXCLUSION OF LIABILITY

I agree to absolve the Banshee Kiara Rage organisers, management, sponsors and volunteers from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising from my riding and racing in this event.

INDEMNITY

I agree to indemnify the organisers of Banshee Kiara Rage in respect of any actions, suits, proceedings, claims, demands, losses, damages, costs, penalties, fines, whatever arising as a result, directly or indirectly, of my riding and racing my mountain bike or any act or omission (including negligence) on part of the Banshee Kiara Rage event.

I have read, understand, acknowledge and agree to the above warnings, exclusion of liability and indemnity and I accept full knowledge the likelihood of injury, death or damage inherent in any high speed downhill mountain biking activity.

Racer's Signature: _____ **Date:** ____/____/____
 (Racer **must** be of 18 years +)

CONSENT STATEMENT FOR RACERS WHO ARE MINORS

I,(IC: _____) being the guardian/parent of the above named applicant have read the whole of this document and consent to them participating in the Activity. In doing so I acknowledge that downhill mountain biking sports is dangerous, and agree that the Organisers shall NOT be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred by them or by me, howsoever such death or bodily injury, loss or damage is caused by any negligence or otherwise.

Signature of Parent/Guardian: _____ **Date:** ____/____/____