

### MEMORANDUM OF AGREEMENT

I hereby state my commitment to participate in the (*please tick one*):

- Cape Town Cycle Tour MTB Challenge: 27 February & 28 February 2016
- Cape Town Cycle Tour: 06 March 2016

**A minimum payment of R 1 500.00 will secure your spot and should be paid directly to The Chaeli Campaign. The R 1500.00 includes your charity group entrance fee of R 700.00, your new Chaeli Campaign cycling jersey (if you do not have one) and the start of your fundraising.**

**We encourage each Chaeli Rider to raise at least R 2 000.00 in total and the balance can be paid by the end of March 2016 (i.e. minimum of R 1 200.00)**

**Please note: The full Charity Group entry fee is paid over to the Race Organisers & has nothing to do with The Chaeli Campaign.**

**I'm INTERESTED/NOT INTERESTED (*delete where applicable*) in joining the CHAELI CAMPAIGN Charity Group. (*If my start time is earlier i.e. before the group start time, I can choose to either stay with my seeded group or drop down & join the Chaeli Charity group which leaves at a later time*). I'm aware of and happy to pay the Charity Group registration fee stipulated by the Cycle Tour organisers (R700.00 for Charity Group entries), as well as raise the requested sponsorship as a Chaeli Rider. **I'm aware that I will not be registered in the Chaeli Campaign Charity Group if my Charity Group entry fee is not paid.****

#### 1. Personal Information Waiver

By ticking the box below you accept that your personal information, including medical information and history shall be shared with us and further necessary parties, including emergency and health professionals attending to you on the day of the event, further details can be viewed at [www.cycletour.co.za/enter/waiver-and-indemnity/](http://www.cycletour.co.za/enter/waiver-and-indemnity/).

This information shall be used for the purposes of running the event and giving you medical treatment only.

I Agree

#### Personal Details:

Full Name	
Preferred Name	
ID or Passport Number	
Nationality	
Postal Address	
Physical Address	
Email Address	
Cell Number	
Do you have a Chaeli Rider Cycling Jersey?	
Jersey Size – XS, S, M, L, XL, 2XL, 3XL, 4XL	

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**Registration Details:**

Have you already registered online for 2016?	
If YES, please provide your Registration Number & Entry Fee paid online	
Racing Category (Individual, Hand Cycle, Tandem, Recumbent)	
RaceTec Time Chip Number	

**NB:** You are required to have your own timing chip for this event. The timing chip is not included in your entry fee and can be purchased online at [www.racetec.co.za](http://www.racetec.co.za)

**2. Tracking Permissions**

People allowed to track my position at events: *Please mark choice with an X*

Everyone                       Nobody

**Please enter any cell phone numbers allowed to track you:**

Tracking Cell Number #1: \_\_\_\_\_

Tracking Cell Number #2: \_\_\_\_\_ (If required)

Tracking Cell Number #3: \_\_\_\_\_ (If required)

Tracking Cell Number #4: \_\_\_\_\_ (If required)

**3. Club Associations**

List all the registered clubs you may belong to:

Club Type: e.g. Triathlon: \_\_\_\_\_

Province: e.g. Western Province: \_\_\_\_\_

Club Name e.g. The Chaeli Sports & Recreation Club \_\_\_\_\_

Please list additional clubs below:

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**4. Medical Details Waiver**

By ticking the box below you confirm that you shall complete the medical questionnaire to the best of your knowledge. You consent to being contacted should it be determined that your participation in the event puts you at risk. We however outsource this service and accept no liability whatsoever in respect of the medical assessment, you agree that the limitation of liability and indemnity as above shall always apply. It is solely your responsibility to ensure you are medically fit to participate in the event. You assume all risks in this regard and fully indemnify us.

I Agree

**Compulsory Medical Information (Please complete all sections)**

Your emergency contact should not be participating but must be reachable in the event of an emergency.

**Emergency Contact:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternative Emergency Contact:**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Medical Aid Information:**

Medical Aid Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Membership Plan: \_\_\_\_\_ Main Member Name: \_\_\_\_\_

OR

I don't have medical aid

**Personal Health:**

Please be as honest as possible in order for you to receive the correct medical attention.

Current Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

## 5. LIMITATION OF LIABILITY AND INDEMNITY

Please note that this event and your participation and/or attendance is subject to your acceptance of our standard limitation of liability and indemnity terms which can be viewed at <http://www.cycletour.co.za/index.php/enter/waiver-and-indemnity/> which limit your rights and remedies.

Should the participant be younger than 18 years, a legal guardian will be required to sign a printed copy of this indemnity when collecting the race number for this event. Should you be entering on behalf of others, you hereby declare that you have been duly authorised to accept this on behalf of those you are entering.

By ticking the box below you hereby acknowledge and confirm that you have read the contents and have fully acquainted yourself therewith and understand the meaning and effect of this "limitation of liability and indemnity".

1. Any entrant who enters agrees to the terms and conditions of the race. In addition, by entering online the entrant acknowledges and agrees that they participate in the race entirely at their own risk and agrees that they shall have no claim whatsoever against the race organiser and/or any sponsor or helper and/or the registration agent, Cycle Events and/or the Cape Town Cycle Tour Trust, in respect of any damage, harm or loss suffered at, during or as a consequence of the race, including, but not limited to, damage, harm or loss to property, or damage, harm or loss arising out of the death or illness of, or injury to, any person or party.

2. Once your entry has been completed and accepted, it may not be cancelled, and Cycle Events and/or Cape Town Cycle Tour Trust or the Race Organisers will not refund entry fees & merchandise if you are unable to ride for any reason.

3. Cycle Events (Pty) Ltd reserves the right to any information that is provided. By clicking on the acceptance below, you agree to receive information about races via email & sms from Cycle Events and/or Cape Town Cycle Tour Trust

I accept that I have read and understood the above

Please refer to the Cycle Tour website for the rules and regulations of the event: <http://www.cycletour.co.za>

Name and Surname: \_\_\_\_\_

Date: \_\_\_\_\_

Riding For: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to Shelly by email: [shelly@chaelicampaign.co.za](mailto:shelly@chaelicampaign.co.za) or fax to 0861 242 353**

### **Banking Details:**

Account Name: *The Chaeli Campaign*

Bank: *Standard Bank*

Branch: *Blue Route*

Branch Code: *025609*

Account No: *076674150*

Reference: *Please use your name and ENTRY FEE as a reference*

- *A sponsor list number will be provided once the entrance fee has been received*