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Across The Island Registration Form

Name & Surname:

Address:

Mobile Telephone:

Home Telephone:

Email:

I wish to receive notices from the Club

Yes

No

Date of Birth (dd/mm/yyyy):

Medical History (where applicable such as heart related issues, allergies, medication etc):

Blood Type:

Emergency contact number:

Emergency contact person:

T- Shirt Size:

Please read the following carefully before you sign.

ACCIDENT WAIVER AND RELEASE OF LIABILITY (AWRL)

I acknowledge that the tour called '**Across the Island**' is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, property damage or loss and even death. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, event monitors and/or producers of the event; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this event.

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a doctor and or other qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by SMBC Team organization and the sponsors of the event in which I may participate and it will govern my actions and responsibilities.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: SMBC Team organization, and their directors, officers, employees, volunteers, representatives and agents, the event sponsors and event volunteers, (B) hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

I hereby declare that have insurance for personal injuries.

I understand that at this event or related activities I may be photographed. I agree to allow my photos or videos to be used for any legitimate purpose by the event holders, producers, sponsors and/or organizers.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand and accept its content.

Name:	Age:
Signature:	Date:

Privacy policy and data protection notice

The SMBC Team holds personal data about its members. This data is used to process membership, provide information to the team's management in carrying out membership activities and to gather data for statistical information. The processing of your information is subject to law 138(I)/2001 as amended from time to time. If you do not wish to receive notices from the club please, indicate so in the box below. However, you can change your decision at any time by informing the Team in writing.

I provide my consent to the SMBC Club to hold my personal record for the reasons stated above. Yes No

For Official use only

Acceptance

Signature:	Date:
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Fee Paid:	Receipt Number:
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