



(The Over 50 Cycle Club*)

P.O.Box 548

Busselton

Registration & Waiver Form

I (Full Name) Please Print _____

Address _____

_____ Post Code _____

Date of Birth ___/___/19___

Phone No _____ Mobile No. _____

E-Mail Address _____

Emergency Phone No.1 _____

Emergency Phone No 2 _____

Doctor's Name _____ Phone No _____

Hereby agree to abide by all Geographe Cycle Club rules and regulations set out in the Constitution and the Riding Safety and Rules and to any changes the club sees fit to introduce. I understand the inherent dangers in the Club activities and realise there is a risk of personal injury and agree not to hold the club or any of its office bearers responsible for any injuries or damage that may occur whilst engaged in the Club's activities, unless that person or the club is grossly negligent.

I am happy for my contact details to be distributed to the club members

Yes _____ No _____

Please tick one of the above

SIGNATURE----- DATE ----/--/--

All information given on this form will only be used for the Geographe Cycle Club purposes and will not be given to any other person outside of this club.

*Persons under 50 are welcome to join the club but do not have a voting right.

Please return completed form to the Secretary