Colne Valley Mountain Bike Challenge NEW 20 MILE ROUTE ENTRY FORM 2018

Personal Accident Insurance:

Personal Accident Insurance is not provided by the Organisers. It is incumbent upon cyclists to provide their own insurance at their discretion. Your signature on the Entry Form below confirms your acceptance of these conditions of entry.

Disclaimer:

I hereby apply to participate in this event. I, or my parent/guardian, accept and agree that neither the organisers or officials, the land owners, sponsors or fellow participants shall be liable in any way, or under any circumstances, for damages or injury that I may suffer during, or as a result of participation in this event. I understand and agree to abide by the rules of the Colne Valley Mountain Bike Challenge and I agree that I participate in this event at my own risk. I must ride safely for the consideration of others. I also declare that the cycle that I ride is well maintained and in good working order. I agree that the conditions of entry state that I will follow the instructions given.

Surname:	Forename:
Address:	
	Post Code
Date of Birth	n:T-Shirt Size: (S) (M) (L) (XL) (XXL)
Contact Tel	. No. on the day:
E-Mail Addr	ess:
I enclose:	☐ My completed entry form.
	☐ My cheque for £19, covering Entry Fee.
	☐ A stamped, self-addressed envelope.
Signature:	Date:
I hereby giv	e permission for the above to participate (if under 16).
Print:	Signed: