



**Complete this booking form, print it out and fax or post it to us with your payment.**

**Sydney Cancer Centre Foundation**

PO Box M5 Missenden Road  
Camperdown NSW Australia 2050  
ph: 02-9515 6018 fax: 02-9515 8068

ABN:70338962804  
Charity Number 17573

**www.johnnywarrenjamberooclassic.com.au info@johnnywarrenjamberooclassic.com.au**

Loftus to Jamberoo NSW **4 January 2009**

**Participant Details:**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb / State / Country / Post code \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How do you prefer to be contacted?  Email  Phone  Post / Mail

Gender:  Female  Male Date of Birth \_\_ / \_\_ / \_\_\_\_

**AGE and MEDICAL CONDITIONS**

Do you have any medical condition that we should be aware of?  No  Yes If Yes, please provide details below

Details: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb / State / Country / Post code \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

**COSTS & PAYMENTS: postal entries close 15 December 2008**

entry \$45  entry & jersey \$125  jersey only \$90  donation \$  
 cheque payable to Sydney Cancer Centre Foundation \$

**Jersey size**  small  medium  Large

Credit card Number \_\_\_\_\_ expiry \_\_/\_\_\_\_

American Express  Visa  Mastercard

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

## ACKNOWLEDGEMENT WAIVER AND RELEASE

I agree to comply with all road rules and regulations, and all lawful instructions and directions of Johnny Warren Jamberoo Cycling Classic (JWJC) (the Organiser), its directors, officers, employees, contractors, and volunteers during the JWJC organised ride (the Event). If I fail to comply with the road rules and regulations, and instructions and/or directions of the Organiser, I will not be permitted to ride or continue to ride.

I acknowledge that cycling can be an inherently dangerous activity. I recognise that there are risks and hazards specifically associated with this activity, including the possibility of injury and death and loss and damage both to myself and my possessions. I therefore release the Organiser of any liability resulting from injury, death, loss or damage during the Event.

If I suffer any injury or illness, I agree that the Organiser may provide evacuation, first aid and/or medical treatment at my expense and my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

I confirm that I will have had my bicycle checked by a qualified bike mechanic before partaking in the JWJC ride. I acknowledge that if the Organiser performs any repairs or work on my bicycle or other equipment the Organiser does not warrant that work nor offer any guarantee of any kind in respect of that work.

I confirm that I have read and understood the JWJC Terms & Conditions as listed on the JWJC website.

I confirm that I have read and understood the JWJC Privacy Policy as listed on the JWJC website.

## AGREEMENT

I accept/agree to the Waiver & Release conditions:  Yes  No

First name:

Surname:

Signature:

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

## JWJC office only

Date received: \_\_/\_\_/\_\_\_\_

Payment Confirmed: \_\_/\_\_/\_\_\_\_

Receipt sent: \_\_/\_\_/\_\_\_\_