

WAIVER, CONSENT, RELEASE AND INDEMNITY

First Name: _____	Last Name: _____
Address: _____	
Suburb: _____	Postcode: _____
Telephone (H): _____	Mobile: _____
Email: _____	Sex: Male: <input type="radio"/> Female: <input type="radio"/>

Please read this form and complete and sign it if you agree:

WARNING: Participation with cycling contains elements of risk, both obvious and inherent. The risks involved may result in property damage and/or personal injury including death. This warning constitutes a warning of risks for the purposes of the <i>Civil Liability Act 2003</i> (Qld). If you participate, you do so at you own risk.	<input type="radio"/>
I have considered the details of the courses for the Shop Rides (printed over the page) and warrant I have the ability to participate in the rides selected by me.	<input type="radio"/>
I am aged 18 years or over and am legally competent to sign this agreement	<input type="radio"/>
I understand that cycling involves risks which may cause various injuries that may result in serious disability. I wish to participate and voluntarily assume the risk of injury or bodily harm to myself.	<input type="radio"/>
I understand that cycling is physically demanding and I have disclosed all personal medical and other details that might be relevant to my participation or if medical treatment is needed. I warrant that I do not suffer from any medical condition that may affect my ability to participate safely in strenuous exercise. Medical conditions: _____	<input type="radio"/>
I hereby release and indemnify Chelsie Easton Consulting Pty Ltd trading as Fusion Cycles ("Fusion Cycles"), its servants and agents, and all other persons involved in my participation in cycling from all actions or claims for compensation arising from my participation for personal injury or damage to property.	<input type="radio"/>
I agree that this waiver is ongoing and will apply to all future occasions I participate in cycling with Fusion Cycles.	<input type="radio"/>
I acknowledge that this document is contractual and may be relied upon in any proceeding by me, my heirs, executors and assigns and this waiver release and indemnity is given in consideration of Fusion Cycles permitting me to participate in its cycling programs.	<input type="radio"/>
I agree to comply with all instructions given to me by Fusion Cycles relating to my participation in cycling programs run by Fusion Cycles and that I have read and will abide by cycling rules of Fusion Cycles.	<input type="radio"/>
I understand that any insurance cover effected by Fusion Cycles may not cover me for any or all injury, loss or damage sustained by me.	<input type="radio"/>
I warrant that all equipment provided or used by me in participating in cycling programs run by Fusion Cycles is reasonably fit for its purpose and maintained in good condition and is appropriate for my age, experience and anticipated cycling needs.	<input type="radio"/>

Emergency Contact Details:

Name: _____	Relationship: _____	Contact Number: _____
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Participant signature: _____	Date: _____	
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