

LAKE ELAND GAME RESERVE CLASSIC RACE ENTRY FORM

Cycling Race Registration

Race Distance: 25 km / 45 km

Race Distance: ☐ 8 km ☐ 25 km ☐ 45 km Sex: ☐ M ☐ F

Age Group: ☐ Under 16 ☐ Under 35 ☐ Over 35

Participant Information: Full Name:

Age: Contact number:.....

Email Address:

Emergency Contact Information:

Full Name:

Relationship: Contact Number:

Medical Aid: NameNo:.....

Declaration: I,, declare that I am physically fit and capable of participating in the cycling race. I understand the risks involved in this event and will not hold the organizers responsible for any injuries, accidents, or damages that may occur during the race.

I also acknowledge that I have read and agree to abide by the race rules and regulations, and I understand that failure to comply with these rules may result in disqualification.

Participant Signature: Date:.....

Parent/Guardian Consent (if under 18): I,, certify that I am the parent or legal guardian of the participant mentioned above. I hereby give my consent for them to participate in the cycling race and acknowledge the risks involved.

Parent/Guardian Signature:..... Date:.....

Please submit this completed form along with the registration fee to secure your spot in the cycling race. For more information, contact us at 039 001 1010 or email: reservations@lakeeland.co.za

Thank you for participating!



LAKE ELAND
GAME RESERVE