



Signature

Club 100 Trail Pass Application			Trail Pass No	
Club Membership:	☐ Full	Temporary	☐ Affiliate	
Trail Pass :	Annual	☐ Temporary	Expiration:	
Surname:		First Names:		
Residential Address		Postal Addres	SS	
 Email:		 ID No. :		
Email:				
Date of Birth/Age:			•	
Cell No. :		_ Home Tel No.:		
Emergency Contact	<u>Details</u>			
Name:		Tel No. :	Tel No. :	
Medical Aid:		Med Aid No	Med Aid No. :	
members, in respect in any cycling event under the auspices of sustain as a result of damage, or injury call whether formal or infing heir, executors or	abandon my rights to of any loss, damag or ride, whether as a of Club 100. I further f any claim which man used by me whilst p formal. The provision r administrators, as	e, injury, or death which rean official or competitor, was more indemnify Club 100 ay be made against it by a sarticipating as a competitins of this waiver and indeathe case may be.	tion against Club 100, it's officials, or may be sustained whilst participating which is organised by, run by, or held against any loss which it may any third party arising out of loss, for in any cycling event or fun ride, emnity shall be likewise binding upon as laid down from time to time.	
Signed:		Date.:		
Parent/Guardian	if applicant less	than 18 years old		
	Name		 Signature	