



PENINSULA PEDALLERS Inc

Reg No A0020338T

P.O. BOX 1404 FRANKSTON 3199



CONDITIONS OF PARTICIPATION

1. *I understand that participation in PENINSULA PEDALLERS Inc events involves bicycle riding on public roads used by other traffic and I understand the hazards of bicycle riding on public roads and of riding bicycles generally, and not withstanding this, in my judgement, I have/my child has, sufficient competence and experience to participate in the ride, and not withstanding that the difficulty of the event in which I/my child participate(s) may not have been fully explained to me.*
2. *I hereby release the PENINSULA PEDALLERS Inc and its servants and agents in respect of all claims, suits, actions, demands, expenses and costs however and whatsoever arising from my/my child's participation in the bicycle riding events organised by the PENINSULA PEDALLERS Inc and I hereby agree to indemnify and keep indemnified the PENINSULA PEDALLERS Inc and its servants and agents in respect of all claims, suits, actions, proceedings, demands, expenses and costs however arising from my/my child's participation in these events.*
3. *I understand that conduct which, in the opinion of the organiser(s) or ride leader(s) is unlawful, unsafe, threatens the safety of other riders, use of bad language or other unsociable behaviour, may result in the exclusion from this and/or future events. All costs of such exclusion will be borne by me. I agree to abide by the Peninsula Pedaller's Ride Guide.*

RIDE: _____ **DATE:** _____

RIDE LEADER(S): _____

RIDER'S NAME	MOBILE TEL. NO.	EMERGENCY CONTACT TEL. NO.	SIGNATURE
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N.B. :- Please return completed form to Ride Coordinator at P O Box 1404, Frankston VIC 3199

<i>RIDER'S NAME</i>	<i>MOBILE TEL. NO.</i>	<i>EMERGENCY CONTACT TEL. NO.</i>	<i>SIGNATURE</i>
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<i>NON-MEMBER'S NAME</i>	<i>MOBILE TEL. NO.</i>	<i>EMERGENCY CONTACT TEL. NO.</i>	<i>SIGNATURE</i>	<i>\$5.00 PAID</i>
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