



Participant Information Form

(Must be completed for all participants – including children & supporters)

Applicant Name: _____

Address:

_____ **State** _____ **Postcode** _____

Email: _____

Phone (Home): _____ **(Work):** _____

(Mobile): _____ **Date of Birth:** ____ \ ____ \ ____

How did you hear about our tour? Word-of-mouth Website Posters/Cards
 Email from the Bike Tour Bike magazine Facebook Other

Have we had the pleasure of your company in previous years? Yes No

If yes, welcome back! What year(s) did you ride? _____

Office Use only

Payment made \$..... Date Receipt No.XLS / MYOB

Payment made \$..... Date Receipt No. XLS / MYOB

Payment made \$..... Date Receipt No. XLS / MYOB

Balance owing \$..... \$..... \$.....

Qualified for Early Bird disc? YES / NO



Registration Details

Registration Type	Registration Fee ¹	Minimum Deposit ²	Early Bird Discount (if qualify) ³	Total Amount Due ⁴
Adult Rider (18 Years+)	\$1445	-\$250	-\$100	
Young Adult Rider (13-17 Years)	\$845	-\$250	-\$100	
Child Rider (7-12 Years)	\$375	-\$250	N/A	
Family Supporter ⁵ (with own vehicle)	\$675	-\$250	N/A	

1 - Options for payment of the Registration Fee are listed below

2 - Minimum deposit is paid per person upon initial registration (please pay online)

3 - Available to Adult & Young Adult riders only. Deduct \$100 from your Registration fee if you pay in full by **Friday 12th July 2019**

4 - Total Amount Due = Registration Fee – Minimum Deposit (if paid) – Early Bird Discount (if applicable). To be paid no later than **Fri 30th Aug 2019**

5 - The category of Family Supporter is for the support of Child Riders only

Your Registration Fee includes membership of CAFNEC.

Should you decide to take up this option, completion of the Membership Form on page 8 will be required to activate your membership.

Membership forms will also be available on the completion of the tour or by request to admin@cafnecc.org.au

Payment Options (Preferred method is internet banking to avoid paying bank fees!)

(1) Internet Banking – NAB, Cairns North, BSB: 084583, Account Number: 506522922 Account Name – Cairns and Far North Environment Centre Inc. Use “bike” & “surname” as reference.

(2) Cheque or Money Order - Made payable to “Cairns and Far North Environment Centre Inc”. Post to CAFNEC, PO Box 323N, North Cairns, Qld, 4870.

(3) Cash- Pay to Marie Short at CAFNEC’s office Mondays, Wednesdays & Thursdays, 9.30am - 3pm (ring 07-4032 1746 to arrange)

(4) Credit / Debit Card (or ring through card details to pay 07 4032 1746)

Please circle: MasterCard / VISA Cardholder Name:

Card No. _____/_____/_____/_____ Expiry Date: ____/____

CVV NumberSignature: Total: \$.....



Terms and Conditions

Rider Name: _____

I wish to participate in the Far North Wilderness Bike Tour (herein referred to as 'the Tour'), which I understand is a fundraising event with all proceeds to go to the Cairns and Far North Environment Centre (CAFNEC), a non-profit, volunteer-based community group. I agree to pay a deposit to secure my place on the Tour and to pay the balance of fees owing by the specified due date.

I understand that other donations or monies raised above the registration fee amount will also be paid to CAFNEC to assist in their core objective of the protection and enhancement of the natural environment. Donations of \$2 and over to the CAFNEC Gift Fund are tax-deductible.

I understand that the Tour is based on a "first pay, first accepted" basis and my application may be rejected if the maximum number of riders is already reached. CAFNEC reserves the right at any time to refuse entry to this event, and to change the route without notice.

It is strongly recommended that riders take out their own Personal Accident and bike damage insurance. This may for example, be obtained from organisations such as Cycling Australia/Bike Queensland/Mountain Bike Australia or Velosure etc. Consider covering yourself for injury, injuring someone else, causing damage to someone else's property or your own bike! Note – this type of insurance is not provided as part of your Registration Fee.

Risk Warning

Cycling can be an enjoyable and exciting activity. However, like many recreational activities that require physical exertion, cycling carries with it the risk of physical injury, which may result from your or your children's actions or the actions of others. The risks associated with cycling include the risks that you or your children may:

- Fall from your bicycle or be involved in a collision with pedestrians, animals, objects, other cyclists (including those in the Tour) and/or vehicles
- Suffer from the effects of heat, cold, wind, rain and other weather conditions, contact with stinging plants such as "wait a while" or stinging tree
- Suffer from physical exertion, for example because a ride or part of a ride is beyond your physical capacity; if you have a pre-existing injury or illness, participating in a ride could make that injury or illness worse
- Be distracted by other riders or pay less attention to road risks because you are in a group
- Become separated from the cycling group
- Lose control of your bicycle, suffer injury or loss because of road or terrain conditions, mechanical failure or punctures

These risks may result in death, bodily injury, disability, property damage and economic loss. The risks for children and beginner riders are increased by their lack of cycling skills, road experience and knowledge of road rules. There are other risks to which you may be exposed.



Terms and Conditions (cont.)

Rider Name: _____

Ride Terms

By registering to join this ride, I also understand and agree to the following, or do-so on my child's behalf -

That the rider named above:

- Participates at their own risk; that the agreement for services provided to you by CAFNEC does not include any implied or express warranty that the services of CAFNEC will be rendered with due care and skill, or that any materials provided by CAFNEC in connection with the cycling activities will be fit for the purpose for which they are supplied.
- Has sufficient competence, experience and fitness to participate in this ride.
- Accepts that the Tour involves some strenuous exercise and requires a general level of fitness and good health.
- Will always wear a helmet and obey all road rules.
- Will follow all directions given by tour organisers and will ride in groups when directed.
- Will need a recently serviced mountain bike with front suspension (rear suspension optional) in good condition, knobbly tyres with plenty of tread remaining.
- Will need some dirt road riding experience as most of the Tour is on dirt roads and tracks. The Rider also understands that some of these dirt roads and tracks are not regularly maintained and may contain unforeseen hazards.
- Will abide by any special luggage requirements for this tour.
- Will carry at least 2L of water.
- Understands the tour is not a race and will lend support and encouragement to other riders.
- Will help ensure that all places at which we stay are left clean and tidy.
- Will be cycling through areas with high scenic and wilderness values and will not carelessly or needlessly cause damage to the environment through which we travel.
- Understands that Medicare bulk billing facilities may not be available in nearby medical clinics should a visit be required.
- Gives permission for photos taken of me or my family in the course of the ride, to be used for marketing and promotion of future Tour events and may be published on the internet.
- Will be prompt in payment of outstanding monies owed by the specified date and understand that failure to pay in full by this date could result in my place being cancelled and monies paid forfeited.

I hereby release, exempt and indemnify the organisers (the Cairns and Far North Environment Centre) and other persons and organisations involved in the Far North Wilderness Bike Tour, from all actions, proceedings, demands and costs, expense and claims whatsoever, made or undertaken by any person, arising out of my / my child's participation in the Tour.

Name: _____ Signature: _____ Date: _____
(Must be signed by parent or guardian if rider is under 18)

Personal Requirements

Rider Name: _____

Front wheel size (for trailer transportation):

- 26 inches
 27.5 inches
 29 inches
 other

Diet

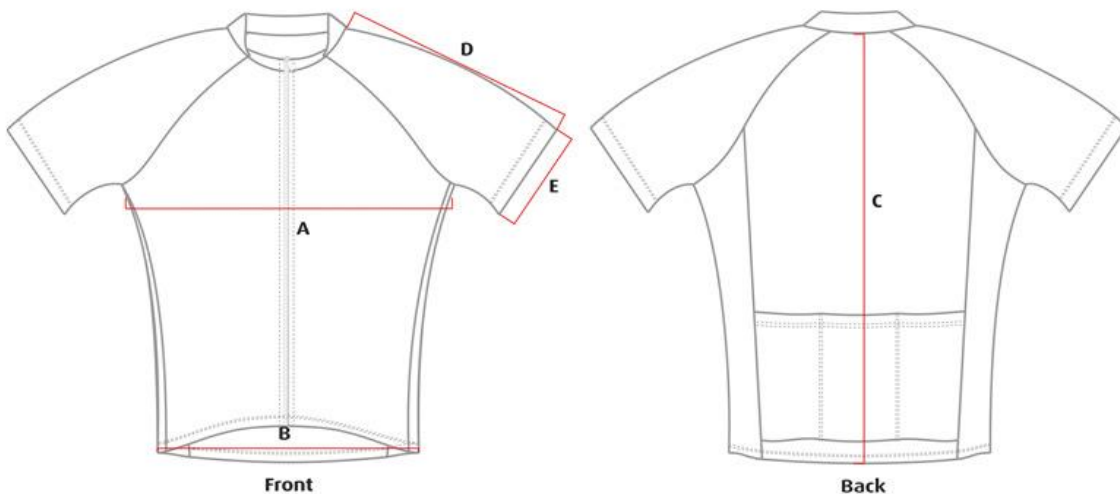
Do you have any special dietary requirements or restrictions?

- diabetic
 vegetarian
 lactose intolerant
 coeliac (GF)
- other: _____

Jersey Selection

- One jersey per Adult Rider and Young Adult rider is included in the ride fee
- Additional jerseys can be purchased for \$80, with payment required prior to the order being placed
- The chart below has been provided by the manufacturer & measurements are in centimetres
- Please **CIRCLE** your size choice (short sleeve Pattern 164)

SIZE CHART	XS	S	M	L	XL	2XL	3XL
A. Half Chest	46	48	51	53	55	57	60
B. Half Hem	31	33	35	37	39	41	44
C. Centre Back	63	65	67	70	72	74	76





Medical & Emergency Information

Rider Name: _____ D.O.B _____

Emergency Contact Name: _____

Emergency Contact Phone Numbers: _____

Medicare Number: _____

Regular G.P.'S Name: _____

G.P.'S Telephone No: _____

Junior riders (aged 17 years & under) for whom I will be acting as Guardian during the ride: [Please note - a separate Participant Information Form must be completed for each junior rider]

Full Name: _____ **AGE:** _____

Full Name: _____ **AGE:** _____

Terms and Conditions

I submit the following medical information about myself / my child as an up-to-date personal record. This record is to be kept by the appropriate personnel for the purpose of the Far North Wilderness Bicycle Tour.

I also authorise the organisers or their representatives to obtain medical assistance when deemed necessary should an accident or illness occur, and I agree to pay all expenses incurred on behalf of myself or my child.

I further undertake to provide details to the organisers of any changes in this information, provided they occur between the date this form has been duly signed by myself and the commencement of the bike ride event.

I agree to the terms and conditions regarding medical information provided to the Far North Wilderness Bike Tour.

Signature: **Date**.....
(Must be signed by parent or guardian if rider is under 18)

Medical & Emergency Information(cont.)

Rider Name: _____

Medical Condition	(please circle)	Details
Heart Problems	Yes/No	
Respiratory problems	Yes/No	
Allergies	Yes/No	
Blood Group	(if known)	
Recent Operations	Yes/No	
Epilepsy	Yes/No	
Recent illness	Yes/No	
Tetanus injection	Yes/No	Year of most recent booster:
Diabetes	Yes/No	
Drug reactions	Yes/No	
Back or joint injuries	Yes/No	
Pregnancy	Yes/No	
Phobia	Yes/No	
Back or joint pain or injury	Yes/No	
Other medical concerns/ conditions	Yes/No	
Any other relevant information	Yes/No	

Signature:

.....**Date**.....
 (Must be signed by parent or guardian if rider is under 18)

Please Note

To enable your registration & requirements to be confirmed, this completed form should be returned as soon as possible to:

CAFNEC, PO BOX 323N, NORTH CAIRNS, QLD, 4870
 Or email: contact@wildernessbiketour.com



Become a CAFNEC member!

(Membership included in Bike Tour fee)

We hope you enjoy the Far North Wilderness Bike Tour!
12 months membership of our [organisation](#) is included as part of your registration fee. Should you wish to take up this opportunity for membership, please complete the details below and submit your form. You will receive our quarterly magazine along with other offers and updates.

Name _____

Street Address _____

City/Suburb _____ State _____ P/code _____

Postal Address _____

Email _____

Phone (w) _____ (mob) _____

I agree to support the Objects of the Association.

Signed _____ Date _____

