

Simpson Desert Bike Challenge – Entry Form (Individual)

Race Dates 29th September – 3rd October 2009

Entries Close August 31, 2009

Race organisers reserve the right to accept/reject entries at their discretion.

The attached Medical Questionnaire must be completed and submitted with this entry form

Fees

- Individual **\$650** (Early Bird Fee **\$ 600.00** if paid by June 30th) (includes One Support Vehicle)
- [] Extra Support Vehicle **\$ 110.00** (if you plan to bring an extra support vehicle **tick this option**)
- [] Help with Support? (if you require help with arranging a support crew **tick this option**)

Entrant Details

Name:

Address:

City: State: Country: Area Code:

Phone (Home) Phone (Work) Phone (Mobile)

Email:

Date of Birth: / /

Gender: M [] F []

Waiver and Release

- I AGREE to comply with the rules, regulations, and event instructions of the SIMPSON DESERT BIKE CHALLENGE
- I UNDERSTAND that participating in a mountain bike race is a potentially hazardous activity and can result in serious injury or death. I am aware of and I expressly assume all inherent risks associated with participating in this event, including, but not limited to, falls, contact with other participants and objects, the effects of weather, including high heat and humidity, traffic, and the conditions of the road.
- IN CONSIDERATION of your accepting this entry, I for myself and anyone entitled to act on my behalf, waive and release from any and all claims for injuries and damages I may have against the Desert Challenge Committee, medical and paramedical practitioners, all groups and individuals associated with the conduct of the event, the sponsors, their agents and representatives, caused by the negligence of any of them arising out of my participation in this event, including pre and post race activities.
- I ATTEST that I am physically fit and have sufficiently trained for completion of the SIMPSON DESERT BIKE CHALLENGE
- I CONSENT to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this event, and I agree to pay for the costs of my medical treatment, if required.
- I GIVE PERMISSION for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event.

Name: Signature: Date:

Payment Details

Cheques to be made payable to DESERT CHALLENGE INC. (Credit Card Payment only available online)

Mail Entry Form, Medical Questionnaire and Payment to:

Simpson Desert Bike Challenge
 Desert Challenge Inc.
 C/- Su Spencer
 115 Grand Boulevard
 Seaford Rise
 South Australia 5169

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Medical Questionnaire

The following information is required to enable the SDBC Medical Crew to ensure your proper care in the event of accident or illness during the race.

1. Do you take any regular medications? Yes [] No []

Details: _____

2. Do you have any allergies or sensitivities to medications, insect stings, foodstuffs etc ? Yes [] No []

Details: _____

3. Have you been treated by a physician for any significant medical condition/problem, excluding routine matters such as colds, flu, etc. in the past twelve months. Yes [] No []

Details: _____

4. Do you have any current medical problems or conditions for which you are being treated ? Yes [] No []

Details: _____

5. Have you ever received Medical Treatment for either?

(a) Hypothermia (low body temperature) Yes [] No []

(b) Hyperthermia (heat stress) Yes [] No []

6. Have you ever required medical treatment during or following an endurance event? Yes [] No []

Details: _____

7. Do you wish the medical staff of the SDBC race to be aware of any specific medical issue? Yes [] No []

Details: _____

Name: _____

Signature: _____