

Macedon Ranges Cycling Club Inc.

ABN 57 523 890 380

Indemnity Release Form

Name:			
Address:			
Phone:	Date of Birth:	/	/
Emergency Contact Name & Number:			

Indemnity Release Statement:

I, the above named person, in participating in any Macedon Ranges Cycling Club (MRCC) rides, training and associated events which are organised by the MRCC or its members, hereby acknowledge, agree and confirm the following;

- There are inherent risks associated with cycling related activities which may result in personal injury (even of a serious nature) to participants. I fully accept and agree to bear these risks.
- To the full extent permitted by law, I absolve, release, discharge and indemnify MRCC, its officers, members, representatives and agents from any and all liability for any personal injury, mental anguish, loss or damage of any kind suffered by me, however caused arising out of my participation in the activities, including without limitation, where caused by any acts of negligence by the indemnities.

I declare that I have read and understood the above and accept full responsibility for my safety each time I participate and I waiver any claim I might have on MRCC as set out above.

 Signed:
 Dated:
 /____/