



2021 ENTRY FORM

Please fill in as many fields as you can and sign the indemnity form & email back to us at info@transafricaadventure.org. **Attach a hi-res photo of yourself** and confirmation of your entry fee payment. By entering this event, you commit to raising a minimum amount of R20 000 for Ingane Yami Children's Village.

Fullname

Nickname

Gender

Male	Female
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Date of Birth (YYYY-MM-DD)

Height (cm)

Weight (kg)

Hometown

Bike You Ride

Tough Cycling Saying

Email Address

Mobile Number

Twitter Handle

Medical Aid Name

Medical Aid Number

Emergency Contact Name

Emergency Contact Number

Shirt size

S	M	L	XL
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Please make your entry payment of R13500 via EFT to the following bank account: Restoration of Hope Ministries, Standard Bank, Branch 045526, Account 251654605.

Please read and sign the indemnity form on the next page



2021 INDEMNITY FORM

Please read through this indemnity document. By submitting your entry form you are confirming that you've read and fully understand the indemnity as set out below.

1. I confirm and warrant that:

1.1. I am in good health, physically fit and adequately trained to participate in this event.

1.2. I have read the rules of this event and agree to comply with them and all other conditions and regulations including that any of the organisers during the event.

1.3. I am completely aware that the very nature of this event and sport involves a significant element of risk and danger and that despite these risks I agree to participate in this event.

1.4. I am aware that this event will be held on public roads that are open to traffic, and this creates potential danger. I agree at all times to obey the rules of the road of South Africa.

1.5. That I have adequate insurance and/or medical aid cover in place to cover any injury or damage that I may suffer or cause.

2. I hereby release and discharge RESTORATION OF HOPE MINISTRIES, INGANE YAMI CHILDREN'S VILLAGE and the ORGANISERS of THE TRANS AFRICA CYCLE ADVENTURE, and their sponsors, agents, volunteers groups, medical assistants, employees from any loss, harm or damage caused by or arising from my participation or pursuant to my participation in the event including where the loss or damage is caused directly or indirectly by negligence.

3. The above waiver applies to my dependents, executors, heirs, administrators and myself.

4. I also grant my permission to Restoration of Hope Ministries or its agents in terms of Section 51 of the Electronic Communication Transaction Act 25 of 2012, to use my name and any photographs, video tapes, broadcast and/or telecast footage in which I may appear, for promotional use, at no charge.

By signing below, I confirm that I have read and fully understand the indemnity as set out in this application form.

Signature of applicant

Date

Please contact us at info@transafricaadventure.org
if you have any questions or problems.



2021 MEDICAL INFORMATION

Please list your medical and dietary information below

Current Medical Conditions - Please list

Previous Medical Conditions - Please list

Current Medication - Please list

Drug Allergies - Please list

Other Allergies and Dietary Issues - Please list

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