



POLYGON DEMO DAY - REGISTRATION

PARTICIPANT DETAIL:

Name: _____ NRIC/ Passport: _____

DOB: _____ SEX: _____

Address: _____

_____ Singapore (_____)

Contact (HP): _____ (H): _____ (O): _____

Email: _____

CHOICE OF BIKE (please tick at your choice)

HARD TAIL XC

- A COZMIC RXX
- B COZMIC RX 2.0
- C COZMIC RX 1.0
- D COZMIC CX 5.0
- E COZMIC CX 4.0
- F COZMIC CX 3.0
- G COZMIC CX 2.0
- H COZMIC CX 1.0

FULL SUS XC

- J COLLOSUS SX 2.0
 - K COLLOSUS XC 1.0
- ALL MOUNTAIN**
- L COLLOSUS AXX
 - M COLLOSUS AX 2.0
 - N COLLOSUS AM 2.0
 - P COLLOSUS AM 1.0

DIRT JUMP

- Q COZMIC DX 4.0
- R COZMIC DX 3.0
- S COZMIC DX 2.0

DOWNHILL

- T COLLOSUS DHX

**You may tick and demo more than one bike*

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Contact (HP): _____ (H): _____ (O): _____

TERMS AND CONDITIONS:

1. In the event that the rider lost the bike, he/she will have to make police report and subject pay full amount of the bike he/she has loaned.
2. We will not be liable for any injury or death caused during the test rider by the rider.

LUCKY DRAW

Name : _____

NRIC/ Passport : _____

Contact (HP) : _____

INDEMNITY AND RELEASE

Fields denoted with (*) are compulsory. Application forms will be considered void if these fields are not completed. Your emailaddress is important – all correspondences will be made via email.

This is to certify that I of (Passport No: / NRIC*) _____ have read the rules and regulations applicable to my participation in the Event.

I hereby certify that I am sufficiently fit physically to participate in the Event, that I have no physical or medical condition which to my knowledge would endanger myself or others if I participate in the Event, and that I have not been advised otherwise by a qualified medical professional not to participate in the Event.

I acknowledge that cycling is an inherently dangerous sport and fully realize the dangers of participating in a cycling event and **fully assume the risks associated with such participation** including, by way of example, and not limitation, the following: the dangers of collision with pedestrians, vehicles, other racers, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, **the releasees' negligence**, and weather conditions; and the possibility of serious physical and/or mental trauma or injury associated with an athletic cycling competition or event. I hereby agree that I am participating at my own risk and shall be responsible for my own safety during the Event.

In consideration of your agreeing to admit me as a participant in the Event, I, or my heirs, executors and administrators, hereby agree to release and forever discharge Dirtraction LLP, its directors, employees, sponsors, appointed staff, officials or agents, of all liabilities, claims, actions, damages, costs or expenses which I may have against any of them arising out of or in any way connected with my participation in the Event, including traveling to or from the Event, and including all loss, damage or injuries that may be suffered by me or to my personal property before, during or after the Event. I understand that the exclusion of liability includes any claims based on negligence, action or inaction on the part of any of the above parties.

I further agree to indemnify and keep indemnified Dirtraction LLP, its directors, employees, sponsors, appointed staff, officials or agents, or anyone else involved in the organization of the Event, for any death, injury, loss, damage or liability which Dirtraction LLP and/or any of the aforesaid persons may suffer as a direct or indirect result of my participation in the Event.

Participant: Name

Signature

Date:

I, the undersigned, whose particulars are set out below, hereby allow my child/ward whose particulars are set out on the front page, to participate in the Event. I, the undersigned, have no objections to the Declaration herein being made by my child and I undertake to accept responsibility for it.

Name of Parent/Guardian:

Relation:

Address:

NRIC/Passport No:

Contact No.:

Email:

Signature: