

MONT 2003 24hr Australian Mountain Bike Race

11/12 October 2003 :: Kowen Forest, ACT

Proud Sponsors: MONT, Camelbak, APIS, Ritchey, Dirtworks, Salsa, Niterider, Vistalite, Gu, Swell Design, CTEC, XSocks, Cateye, Finishline, Mac 1, CheekyMonkey Cycles, Conceptis, Electroboard, ACT Forests, CORC.
Please support those who support you

ENTRY FORM

Entries capped at 1100 riders

**Entries close last mail
Monday 15 September 2003**

Solo Entrant / Team Captain

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State		Postcode	
Phone (h)	Phone (wk)		Mobile		
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email		T-Shirt Size		MTBA member #	
Team Name			Team Sponsor		

I have and read and understand the declaration:.....(Signature).....(Date)

Event details

For Solo and Teams of 2 to 6:	Category Race Entry (including GST)	Race Course will be open on Friday 10 Oct after 3pm.	Step 1 – Fill out the category you/your team are competing in. Mixed categories must contain a minimum of one female rider. Step 2 – Fill in the competitors details and if you are in a team don't forget to nominate a team captain and team name. Step 3 – All competitors must read and sign the declaration. If you are emailing your entry, you must bring a printed copy, signed by all team riders, to race registration on 10/11 October. Step 4 – Complete the payment options and return by mail, email or fax.
	Men	Solo \$ 125	
For Teams of 2 to 6:	Women	Marathon Pairs \$ 215	\$5 per team will be donated to: 4 Wheels 4 Sean Charity \$15 from each corporate team will be donated to a selected charity
		Musketeers (3) \$ 285	
		Teams (4) \$ 325	
		Teams (6) \$ 415	
	Mixed	Corporate (10) \$ 585	

Payment Details

Race Entry \$.....	I enclose a cheque / money order for \$ _____ payable to: Canberra Off Road Cyclists OR Please charge \$ _____ to my: Mastercard Visa Bankcard One cheque/money order per team please!	Send In Your Entry: Mail: CORC 24 hr Race GPO Box 667, Civic Square ACT 2608 Fax credit card payments only (02) 6292 3687 email credit card payments only corc@corc.asn.au (attach this completed Word Doc)
Friday night camping fee (if required \$10 p/p) \$.....		
MTBA Insurance (\$5) (per non-MTBA rider) \$.....		
TOTAL \$.....		

Card Number _ _ _ _ _ / _ _ _ _ _	Expiry Date _ _ / _ _
Name on Card	Cardholder Signature

Declaration - All team members/solo riders to read and acknowledge by signature at the bottom of their own personal details

Representations and Warranties I represent and warrant in favour of the Licensor as follows: (1) I am in good physical condition and have no disability, impairment or ailment that will prevent me from engaging in the Event or that will be detrimental to my health, safety or physical condition of others while participating in the Event or while at or near the Event. (2) I will be at least 14 years of age on 11 October 2003 if I am riding in a team or at least 18 years of age on 11 October 2003 if I am a solo rider.

Release and Indemnity I hereby release and forever discharge each of the Licensor, its officers, directors, employees, agents and contractors and sponsors, from any and all claims, suits, demands, expenses, costs, actions and proceedings of any nature whatsoever, which I, my executors or administrators or any other person has or might assert against any of them arising from, in relation to or by virtue of any injury, loss or damage suffered or sustained by me in connection with my participation in the Event or at any time when I am near the Event. I hereby indemnify and hold harmless, and shall keep indemnified and held harmless, each of the Licensor, its officers, directors, agents, contractors and sponsors from and against all claims, suits, demands, expenses, costs, actions and proceedings of any nature whatsoever arising from, in relation to or by virtue of: (1) Any injury, loss or damage sustained by me. (2) Any injury, loss or damage suffered by any other person as a result of any act, omission, neglect or default on my part, in connection with my participation in the Event or at any time when I am near the Event. I hereby agree that the race may be cancelled due to fire, storm, rain, inclement weather, wind, forest closure, or any other circumstances. I agree that only 50% of my race entry fee will be refunded in the event of race cancellation on or before 28 September 2003. I agree that no entry fees will be refunded if the race is cancelled on or after 29 September 2003. I hereby agree to allow my name, results, photographs, video, multimedia or film likeness to be used for any legitimate purpose by CORC, the sponsors or assigns. I acknowledge that MTBA insurance covers myself for public liability and personal indemnity whilst participating in this event between 3pm on 10 October 2003 and 5pm on 12 October 2003. I agree to wear an Australian Standards approved cycling helmet whilst riding a bike at all times during practice and the event. I agree that I am responsible for my personal accident insurance and ambulance cover. CORC reserves the right to refuse entry to any competitor. CORC reserves the right to modify the Entry Cap of 1,100 riders to provide suitable riding conditions on the course. CORC reserves the right to change any team name due to conflicts with other team names or team names being of an offensive nature. I have carefully read this entry form and agree to abide by all the rules and directions of all race officials on the day. All entrants must sign as having read and understood this declaration, or if you are under 18, this must be signed by your parent or guardian.

OFFICE USE ONLY	\$ Sent	In	\$ Owing	Race No.	Cat:
-----------------	---------	----	----------	----------	------

Rider No.2 (or Solo Rider Helper Details)

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No.3

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No.4

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No.5

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No.6

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Team Name:

Rider No. 7

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No. 8

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No. 9

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Rider No. 10

Last Name		First Name		Sex: Male	Female
Address			Sponsors		
City/Town		State	Postcode		
Phone (h)		Phone (wk)		Mobile	
Date of Birth	Tick if you do not wish to receive additional information from event sponsors				
Email:		T-Shirt Size:	MTBA member #:		
I have and read and understand the declaration:.....(Signature).....(Date)					

Further details can be found at the FAQ page at the 24 Hr website:

<http://www.longrides.net>

or call the Race Director: Tony Scott 0416 228 016 (calls returned A/H)

or email to info@longrides.net