**Health Waiver – Elite Cycling Holidays**

Name

Email Address

Address

Postcode

Date of Birth

Mobile Number

Emergency Contact Name and Number

Date of trip

Please tick one:

Male Female

By signing this form, I am declaring that I am currently in good physical health and will be able to take part in the strenuous activity (cycling training). I accept responsibility for my own safety whilst cycling with Elite Cycling Holidays.

I am also declaring that my bicycle I have selected to use for the cycling holiday is safe and in rideable condition. I understand also that I will be riding on public roads in Mojacar and if am accompanied by a ride leader, I will obey their instructions as they are in charge of mine and the groups safety.

I also am aware that I am not covered by Elite Cycling Holidays insurance whilst cycling.

I confirm the information above is correct and I agree to the terms and conditions set out by this waiver and by Elite Cycling Holidays:

Signature