Cape Cycling Adventures – Participant Application Form

Please complete this form in full and return it to: bookings@capecyclingadventures.co.za
One form must be completed per participant.

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1. PERSONAL DETAILS

Full Name: _____
Preferred Name: _____
Date of Birth: _____ (DD/MM/YYYY)
ID / Passport Number: _____
Nationality: _____
Home Address:

Email Address: _____
Mobile Number: _____
Alternative Contact Number: _____

2. ADVENTURE DETAILS

Adventure Description: _____
Adventure Start Date: _____
Adventure End Date (if known): _____

Have you participated in any of our adventures before?
☐ Yes
☐ No

If yes, which adventure(s)? _____

How did you hear about this adventure?
☐ Friend or Family
☐ Social Media (Instagram, Facebook, etc.)
☐ Internet Search
☐ Newsletter / Email
☐ Other: _____

3. CYCLING EXPERIENCE & BICYCLE INFORMATION

How would you rate your cycling experience?
☐ Beginner
☐ Intermediate
☐ Advanced

Do you own your own bicycle?
☐ Yes
☐ No

Will you require a rental bicycle for the adventure?
☐ Yes
☐ No

If bringing your own bicycle, please complete the following:

- **Type of Bicycle:**
  ☐ Mountain Bike (MTB)
  ☐ Gravel Bike
  ☐ E-Bike
  ☐ Other: _____
- **Does your bicycle have tubeless tyres?**
  ☐ Yes
  ☐ No
  ☐ Not sure
- **Wheel Size (if known):** _____ inches
- **Your Height (for bike sizing if renting):** _____ cm

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4. MEDICAL INFORMATION

Do you have any medical conditions or physical limitations we should be aware of?
☐ Yes
☐ No

If yes, please specify:

Are you currently taking any medication?
☐ Yes
☐ No

If yes, please list: _____

5. ALLERGIES & DIETARY REQUIREMENTS

Do you have any allergies?
☐ Yes
☐ No

If yes, please list the allergens and describe the severity (e.g. mild, moderate, life-threatening):

Do you carry an EpiPen or other emergency allergy medication?
☐ Yes
☐ No

Do you have any dietary requirements (e.g., vegetarian, gluten-free, halal, etc.)?
☐ Yes
☐ No

If yes, please specify: _____

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6. EMERGENCY CONTACT DETAILS

Full Name: _____
Relationship to You: _____
Mobile Number: _____
Email Address (optional): _____

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7. INSURANCE (Strongly Recommended)

Insurance is **strongly recommended** and should include cover for medical treatment, emergency evacuation, trip cancellation, and personal liability.

Do you have valid travel/medical insurance?
☐ Yes — please complete below
☐ No — I acknowledge and accept full responsibility for any medical or personal expenses incurred during the tour

If yes, complete the following:

- **Insurance Provider:** _____
- **Policy Number:** _____

- **Emergency Assistance Contact Number:** _____

Note: Cape Cycling Adventures will not be held responsible for any losses, injuries, or medical costs incurred by a participant who does not hold sufficient insurance.

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8. DECLARATION & CONSENT

By signing this form, I hereby declare and confirm that:

- The information provided is accurate and complete to the best of my knowledge.
- I understand and accept that participation in this adventure involves certain risks.
- I have read and agree to the **Terms & Conditions** published at www.capecyclingadventures.co.za.
- I acknowledge that I will be required to sign the **Liability Waiver and Indemnity Agreement** before participating in the adventure.
- I understand that if I **do not have travel or medical insurance**, I am solely responsible for any medical, evacuation, or other costs that may arise and I hereby **fully indemnify Cape Cycling Adventures** against any related claims, losses, or expenses.
- I consent to the collection and processing of my personal information in accordance with data protection laws.

Date of application: _____

Signature: _____

FOR PARTICIPANTS UNDER 18 YEARS OLD:

Parent/Guardian Full Name: _____

Relationship to Participant: _____

Date of application: _____

Signature of Parent/Guardian: _____