



**ARCADIA
OUTDOOR**

KEEP CLOSE TO NATURE'S HEART

Form Declaration of Participation

Name

Address

Email

Mobile

2nd mobile and name
(in case of emergency)

Date of birth

Height

Weight

Do you have any health problems or injuries to mention?

Do you have any allergies? If so, please define.

Are you on medication during this period?
If so, please mention it.

For how long you are involved in Mountain bike?

6-12 months 1-2 years 2-4 years Over 4 years

What is the level of your technical / cycling skills?

Low Moderate Good Excellent

What is the level of your physical fitness?

Low Moderate Good Excellent

I declare under my sole responsibility that all the information given in this application form are truthful and complete. I declare that I entirely take responsibility in case of damage or bodily injury caused during the race.

Arcadia Outdoor confirms that the use of this information will be in compliance with data protection rules.

Arcadia Outdoor maintains the right to postpone or cancel the activities due to weather conditions or to inadequate participations or to circumstances demonstrably wholly beyond control. In that case other alternative dates will be set or a full repayment will be arranged.



PAYMENT METHODS

1. Bank deposit

WINBANK — GR50 0172 5030 0055 0309 7485 933

2. Credit card

Card No.: - - -
Expiration date: (M) / (X) 3 digit code (CVC):

Date

Signature