



**\*\*Registration Closing Date: 15 September 2016**

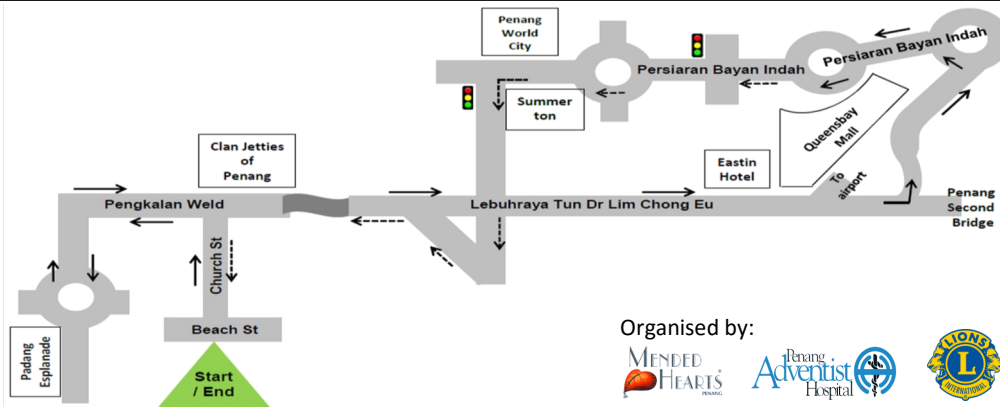
**25th September 2016 (Sunday)**

**7.00am to 12.00 noon (check in 7.00am, flag off 8.30am)**

**Beach Street, Georgetown**

**Event details:**

- Registration fee at RM45 per person (**EARLY BIRD RM35 per person before 19/8/2016**).  
\*Registration fee inclusive of GST.
- The route will cover **25KM** and will be a **FUN RIDE, strictly NO RACING**.
- Participants will be given **FREE T-shirt** and goodies bag.
- Participant will be eligible for lucky draw and certificate of participation.
- Registration fee is strictly non-refundable and non-transferable.
- Important notes:
  1. No bicycle is provided, please bring your own bicycle & helmet.
  2. Event T-shirt (except for Best Costume Competition participants) and helmets are **COMPULSORY. NO HELMET, NO RIDE**.
  3. The organiser have the right to amend the rules and regulations without prior notice and reserves the right to stop any rider from participating in the event.
- Participants are invited to take part in the "Best Costume Competition".



Organised by:



For further enquiries, please contact the **Adventist Lifestyle Centre**.

**Tel:** (+604) 222 7344 / 7670

**H/P:** 012-4825628 (Mr. Ong)

**Fax:** (+604) 222 7345

**Email:** mendedheartspenang@pah.com.my

**Participant's copy/ Keep the receipt to redeem T-shirt**

Collection of T-shirt: **18 & 19 September 2016**

\*collect at Penang Adventist Hospital (Adventist Lifestyle Centre), **9.00am - 4.00pm**

Participant Name: \_\_\_\_\_

Size: S / M / L / XL / XXL / XXXL

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_



Registration form



My particular

<b>Name:</b>	
<b>IC No.:</b>	<b>Sex: M / F</b>
<b>Tel: (house)</b>	<b>(hp)</b>
<b>Emergency Contact No.:</b>	
<b>Email:</b>	<b>T-shirt Size: S / M / L / XL / XXL / XXXL</b>
<b>Best Costume Competition: Yes / No</b>	

**Disclaimer**

I have read and hereby agree to abide by the terms and condition of the fun ride. I certify that all of the above particulars are correct. I am participating the event at my own risk and shall not hold the organiser and sponsors responsible for any loss, injuries, invalidity or death arising which may be caused by any act or failure to act the organiser arising directly/indirectly during the course of this event.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of participant

**Consent of parent (for participant below 18 years old)**

I, \_\_\_\_\_ the parent or guardian of the participant \_\_\_\_\_, declares that my child is fit and capable to participate in the *Cycle for Heart 2*, and I consent to my child's participation. I have read and understand the terms of participation in the event and hereby release and shall defend, indemnify and hold harmless the organisers from every claim and liability arising from my child's participation in the event. I hereby state that I am legal guardian of the child identified above and I am authorised to make this decision.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of parent/guardian

Enclosed is my registration fee of RM \_\_\_\_\_ payable to "**Adventist Hospital & Clinic Services (M)**"  
[ ] Cash [ ] Direct debit (CIMB) 8003948547

\* Please write down your name, date and time of transfer & event "*Cycle for Heart 2*" on the receipt.