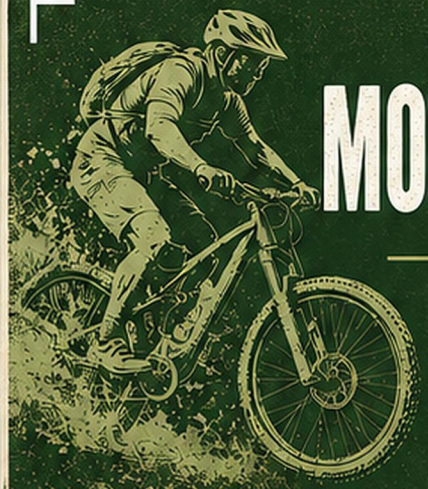

THOMAS RIVER MOUNTAIN BIKE CHALLEIGE

& MULTITRUST TRAIL RUN

OFFICIAL MANUAL ENTRY FORM 2026

THOMAS RIVER HISTORICAL VILLAGE

RIDE | RUN | WEEKEND ADVENTURE

Thomas River Conservancy

SCAN FOR EVENT INFO

Form version: TR-ENTRY-2026-V1

MANUAL FORM REFERENCE

TR2026-M-000001

1 ENTRANT DETAILS

FIRST NAME _____ SURNAME _____

ID NUMBER / PASSPORT NUMBER

DATE OF BIRTH (DD / MM / YYYY) __ / __ / ____ GENDER: MALE ☐ FEMALE ☐ OTHER ☐

CELLPHONE NUMBER

EMAIL ADDRESS _____

RESIDENTIAL TOWN _____ PROVINCE _____

CLUB / TEAM (OPTIONAL) _____

2 EMERGENCY & MEDICAL

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT CELLPHONE

RELATIONSHIP _____ MEDICAL AID _____

MEDICAL AID NUMBER _____

ALLERGIES / MEDICAL CONDITIONS _____

MEDICATION CARRIED ON EVENT DAY _____

3 RACE SELECTION

MOUNTAIN BIKE

☐ 60 km R250 ☐ 19 km R175

☐ 35 km R250 ☐ 8 km R120

E-BIKE

☐ 60 km R250 ☐ 35 km R250

TRAIL RUN

☐ 19 km R175 ☐ 8 km R120

4 EXTRAS & PAYMENT

MEAL TICKETS @ R80 EACH: QUANTITY _____ AMOUNT R _____

DAY LICENCES @ R70 EACH: QUANTITY _____ AMOUNT R _____

TOTAL AMOUNT PAYABLE: R _____

PAYMENT METHOD (TICK ONE): EFT ☐ CARD ☐ CASH ☐

PAYMENT REFERENCE _____

AMOUNT RECEIVED R _____

DATE PAID (DD / MM / YYYY) __ / __ / ____

PLEASE PRINT CLEARLY IN CAPITAL LETTERS. ALL SCANNED ENTRIES MUST BE REVIEWED BEFORE FINAL CAPTURE.

THOMAS RIVER MOUNTAIN BIKE CHALLENGE

& MULTITRUST TRAIL RUN

OFFICIAL MANUAL ENTRY FORM 2026

THOMAS RIVER HISTORICAL VILLAGE

RIDE | RUN | WEEKEND ADVENTURE

Thomas River Conservancy

SCAN FOR EVENT INFO

Form version: TR-ENTRY-2026-V1

MANUAL FORM REFERENCE

TR2026-M-000001

5 EVENT RULES & INDEMNITY

By signing below, I acknowledge that I have read, understood and agree to the following terms and conditions. I understand that *participation in the Thomas River Mountain Bike Challenge & Multitrust Trail Run involves physical exertion and potential risks.* I agree to abide by all event rules, instructions and decisions of the event officials.

- ☐ *I understand that I participate entirely at my own risk.*
- ☐ *I confirm that I am medically fit to take part in this event.*
- ☐ *I agree to obey the event rules and route instructions.*
- ☐ *I indemnify the organisers, landowners, sponsors, and officials against claims arising from participation.*
- ☐ *I consent to emergency medical treatment if required.*
- ☐ *I consent to event photography and media use.*

Minors must be signed for by a parent or legal guardian.

6 SIGNATURES

ENTRANT FULL NAME _____ ENTRANT SIGNATURE _____ DATE ____ / ____ / ____

PARENT / GUARDIAN FULL NAME (IF ENTRANT IS UNDER 18) _____

PARENT / GUARDIAN SIGNATURE _____ DATE ____ / ____ / ____

7 ORGANISER USE

ENTRY REVIEWED BY _____ DATE CAPTURED ____ / ____ / ____

ENTRY SOURCE (TICK) ☐ MANUAL FORM ☐ WHATSAPP ☐ WALK-IN ☐ OTHER _____

PAYMENT STATUS (TICK) ☐ UNPAID ☐ PART PAID ☐ PAID IN FULL

PAYMENT VERIFIED BY _____ RACE NUMBER ALLOCATED _____

CATEGORY CONFIRMED (TICK) ☐ MOUNTAIN BIKE ☐ E-BIKE ☐ TRAIL RUN

DISTANCE CONFIRMED _____ MEAL TICKETS CONFIRMED ☐ YES ☐ NO

DAY LICENCE REQUIRED ☐ YES ☐ NO EMERGENCY INFORMATION CHECKED ☐ YES ☐ NO

CAPTURED TO ONLINE SYSTEM ☐ YES ☐ NO CAPTURED BY _____

CHECKED BY _____

ORGANISER NOTES

8 OFFICIAL CHECK-IN

RACE PACK COLLECTED ☐ YES ☐ NO RIDER / RUNNER PRESENT ☐ YES ☐ NO PROOF OF PAYMENT RECEIVED ☐ YES ☐ NO

CHECK-IN OFFICIAL _____ CHECK-IN DATE & TIME ____ / ____ / ____ ____ : ____

KEEP THIS FORM WITH THE ORIGINAL SUPPORTING DOCUMENTS. ALL MANUAL ENTRIES MUST BE REVIEWED BEFORE FINAL APPROVAL.