

GACS 2026 THEME:

Strengthening Health Security, Water Access, Sustainable Mobility & Europe–Africa cooperation

PARENT/GUARDIAN CONSENT FORM: *A signed consent form is required for participants,*

Date of Activity; from.....to.....

| | |
|-----------------------------|--|
| Participants name: | |
| Address, Email and phone no | |
| Date of birth | |
| Emergency details: | Must be contactable during event. |
| Name: | |
| Address | |
| Country of residence | |
| Relationship | |
| Home. Telephone no. | |
| Mobile No. | |

Confidential Health and Welfare Statement:

The GACS activities and programs involve energetic physical exercise. Participants can be exposed to cold and wet conditions and circumstances where the manual handling of heavy rucksacks and undergoing tuff times is required. Applicants should consider their personal health and fitness before attending or participating. Anyone suffering from or ever having suffered from any medical condition, illness, allergy or phobia should consult their doctor regarding the suitability of their participation. Participants with concerns should only attend following positive recommendations from their doctor and should and make their condition known to the Event organizers with written recommendation from their personal Doctor.

Medical Release, Indemnity, and Treatment Authorization:

I authorize the official event medical team to provide necessary treatment for my child or myself if needed. As the parent/guardian of _____, I voluntarily permit my child/myself to participate in the 8th edition of GACS 2026 Expedition.

Date: _____ Parent’s Signature: _____ Parent’s Name (Print): _____

I, _____ agree to indemnify and hold harmless GACS from any claims arising from injury or harm to myself or others during my participation in the 2026 edition of GACS.

Date: _____ Participant’s Signature: _____ Participant’s Name (Print): _____

Video and photography consent: Your permission includes the GACS team, using your images (photos) or sounds for any promotion, publicity or advertising in connection with its work, and disclosing your images or sounds to other organizations (such as media and advertising agencies) for any purpose. You volunteered your images and sounds and agree that you will not receive or request any payment, royalty or other form of consideration for your images, sounds or participation in any project of the Great Africa Cycling Safari.

I, voluntarily apply to participate GACS 2026 organized by GACS Cycling with knowledge that the tour is a community-based cycling event that includes visiting remote areas of various East African Partner states. That their numerous risks and dangers. I understand and that I am participating in an outdoor event which requires sleeping in tents or in an open based on circumstance and adventure standards such as accommodations, transport, medical service and others. I understand that abuse of Alcohol or use of any drug or intoxication and Sexual abuse may result into my suspension from the event without refund of any fees paid and without warning.

I.....Date.....

GACS - AFRICA

Plot 1162 Baguma street Bukoto
Tel: +255692632294/ +256703496737
P.O. Box 111977
Email: eacbiketour@gmail.com

GACS - EUROPE

c/o Friedensreiter Stiftung e.V.
phone: +49 151 29 53 41 17 (also WhatsApp)
Jüdefelderstr.47 48143 Münster Germany
office@friedensreiter-foundation.org