

GUEST RIDER REGISTRATION FORM FOR CYCLING UK RIDES

RIDER DETAILS

Your First Name

Your Last Name

Your Address

Your Telephone Number

Your Email Address

YOUR EMERGENCY CONTACT DETAILS

Emergency Contact Name

Emergency Contact Telephone Number

Relationship to You

DETAILS OF PLANNED RIDE WITH CTC COVENTRY

Date of Ride you will ride with Us

Destination of Ride you will join

Name of the Ride Leader

Disclaimer for riders

I agree that I understand and will abide by the terms and conditions required by Cycling UK for the safe participation in this activity and to act responsibly and adhere to the rules of the road and countryside. I hereby maintain that I am fit and healthy enough to participate in the activity described above and my cycle is in a safe, legal and roadworthy condition. I also accept that Cycling UK cannot be held responsible for any personal injury, accident, loss, damage or public liability during the ride.

If you are printing and completing this form manually then please sign and date below. If you are completing this form electronically and emailing it to us then please use your personal email to send it to the Ride Leader.

Name: Date: Signature :

Cycling UK rides are covered by Organisers' Public Liability Insurance and all Cycling UK members are covered by third party insurance. Riders who are not members of the organisation are advised to either join Cycling UK or obtain their own insurance. Cycling UK will not disclose the information on this form to any other organisation. If you do not want any photographs used, please notify the event organiser.