

Rider Information and Consent Form

1. Rider's Details		
First Name:	Last Name:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	Age:
Address	Telephone:	
	Mobile:	
Email:		
Previous mountain biking experience:	<input type="checkbox"/> New to mountain biking	<input type="checkbox"/> Regular mountain biker
		<input type="checkbox"/> Returning mountain biker (not cycled for 3 months or more)
Have you participated in guided mountain bike rides before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you ever cycle on the road? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how regularly?		
Have you ever undertaken any cycle training or received any cycling coaching? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Emergency Contact Details	
First Name:	Last Name:
Relationship to Rider:	Telephone:
Work Telephone:	Mobile:

3. Disability
Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If yes, what is the nature of your disability? <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Multiple <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Please provide details of any particular support you require:

4. Medical Information

a) Do you suffer from any of the following conditions?

- Asthma Bronchitis Chest problems Diabetes Fainting Migraines Heart trouble
 Raised blood pressure Tuberculosis

If yes to any of the above, please provide details:

Epilepsy? Yes No

If yes, a) what specific epilepsy syndrome has been diagnosed?

b) What is the pattern of any seizure?

b) Do you suffer from any other condition requiring medical treatment or medication? Yes No

If yes, please provide details:

c) Are you allergic or sensitive to any medication (eg penicillin), insect bites or food? Yes No

If yes, please provide details:

d) Have you been immunised against the following diseases? Poliomyelitis Yes No Tetanus (lock jaw) Yes No

If yes to tetanus, please give date (if known):

e) Are you taking any form of medication on a regular basis? Yes No

If yes, please give full details, indicating the type of medication and dosage:

.....

Please ensure that you bring adequate supplies of medication and dosage for the duration of the activity.

f) To the best of your knowledge, have you been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? Yes No

If yes, please provide details:

h) Please supply any additional information that the mountain bike leader should be aware of (eg recent illness, medical information, special requirements etc) which may affect the full range of activities in this ride, and what support/modifications are needed:

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DECLARATION

In the case of the applicant being over 18 years of age, the following must be read and signed:

I declare that the above information is correct and that the person in charge has my permission to authorise medical treatment in an emergency. If I have answered "yes" to one or more of the above questions in Section 4, I should seek medical advice before attending a ride. I agree to tell the mountain bike leader if there is a change in my medical condition. I understand that this information will be shared with other mountain bike leaders and that I cycle at my own risk.

Signed:

Date:

5. Insurance Cover

The ride is insured in respect of legal liabilities (third party liability). However, participants have no personal accident cover unless they have been specifically advised of this in writing by the organiser of the ride. It is the participants' responsibility to arrange for any extension of insurance cover unless advised differently by the leader or the organiser of the ride.

6. Parental/Carer Consent

In the case of the applicant being under 18 years of age, the following MUST be read and signed by the parent/carer and returned to the mountain bike leader together with the completed Rider Information Form before the child may participate in the activity.

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed activity and the insurance arrangements.
- I consent to my child..... taking part in the ride, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned.
- I have noted where and when the participants are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I am aware of the levels of insurance cover.
- I will ensure that any change in the circumstances (eg recent illness, medication or injury), which will affect my child's participation in the visit will be notified to the mountain bike leader prior to the ride.

I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION IN CYCLING ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST.

Signature of Parent/Carer:

Date:

Name of parent/carer in block letters:

Address:

DATA PROTECTION STATEMENT

British Cycling respects individual privacy and has notified (registered with) the Information Commissioner, who is responsible for the administration of the Data Protection Act 1998 (the Act).

British Cycling obtains and processes "personal data" (as defined by the Act) for the purpose of administering its functions as a National Sporting Governing Body and under relevant legislation. In addition, British Cycling may use information for the purpose of fulfilling its statutory responsibilities under the Data Protection Act 1998.

Information will be kept secure and confidential and will only be disclosed to those parties who have a legal and legitimate need to know.