

RIDER INFORMATION AND CONSENT FORM

1. Rider's Details			
First Name:		Last Name:	
Gender:	Female Other:	Male	Age:
Address		Telephone:	
		Mobile:	
Email:			
What would you like to achieve on the lead ride:			
Previous off-road/mountain biking experience? New to off-road riding/mountain biking Returning rider/biker (not ridden for 3 months or more) Regular rider/biker			
Have you participated in guided mountain bike rides before?			Yes No
Do you ever cycle on the road? If yes, how regularly?			Yes No
Have you ever undertaken any cycle training or received any cycling coaching?			Yes 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?			Yes No
If yes, what is the nature of your disability?			Prefer not to say
Please provide details of any particular support you require:			
4. Medical Information			
a) Do you suffer from any medical condition requiring treatment or medication? If yes, please provide details:			Yes No
c) Are you allergic or sensitive to any medication (e.g. penicillin), insect bites, or food? If yes, please provide details:			Yes No
d) Are you taking any form of medication regularly? If yes, please give full details, indicating the type of medication, dosage, and reasons:			Yes No
Please ensure that you bring adequate supplies of your medication for the duration of the activity.			

e) 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? If yes, please provide details:	Yes No
f) Please supply any additional information that the mountain bike leader should be aware of which may affect the activities in this ride, and what support/modifications are needed: (e.g. recent illness, medical information, special requirements, etc.)	
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. Declaration	
British Cycling respects individual privacy and complies with the General Data Protection Regulation (UK GDPR), the Data Protection Act 2018, and the Privacy and Electronic Communications Regulations (PECR). British Cycling obtains and processes "personal data" (as defined by the UK GDPR) for the purpose of administering its functions as a National Sporting Governing Body and under relevant legislation. Information will be kept secure and confidential and will only be disclosed to those parties who have a legal and legitimate need to know. You have the right to access, rectify, erase, restrict, or object to the processing of your personal data, as well as the right to data portability. If you wish to exercise any of these rights, or have any data protection related queries, please contact our Data Protection Team. Email: dataprotection@britishcycling.org.uk Address: British Cycling, Stuart Street, Manchester, M11 4DQ	
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.	
If the applicant is over 18 years of age, the above must be read and signed.	
Signed:	Date:
6. Parental/Carer Consent	
If the applicant is under 18 years of age, the following MUST be read and signed by the parent/carers and returned to the ride 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 (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the ride 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/carers in block letters:	
Address:	