

Guest Registration

Ride Details: LWCC

Destination:

Date:

General ride information

Approx. distance:

Details of participant: (Please use BLOCK CAPITALS)

First name:

Surname:

Address:

Postcode:

Tel No:

Email:

(Date of birth if under 18: NB Parental Consent MUST BE signed

Emergency contact details:

Name:

Tel:

Relationship to rider:

Note Non-members will be asked to join the club after three rides.

Disclaimer for riders

I agree that I understand and will abide by the terms and conditions required for the safe participation in this activity and to act responsibly and adhere to the rules of the road and countryside. It is my responsibility to ensure that any manoeuvre is carried out safely. 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 Lincoln Wheelers cannot be held responsible for any personal injury, accident, loss, damage or public liability during the event.

Name:

Date:

Signature:

Lincoln Wheelers rides are covered by Organisers' Public Liability Insurance. Riders who are not members of an organisation are advised to either join CTC or obtain their own insurance.

Lincoln Wheelers 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.