



# Adult rider consent form

Consent for participating in bike coaching and led rides in a risk assessed environment

## Contact details

First name		Surname	
Mobile		Home Tel	
Email			
Address		Postcode	
Other emergency contact	First name		Tel 1
	Surname		Tel 2

## Medical and Specific Needs

Do you suffer from any of the following conditions?	
Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Fainting <input type="checkbox"/> Migraines <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other _____	
If yes, please provide details:	
Are you allergic or sensitive to any medication (eg penicillin), insect bites or food? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:	
Are you taking any form of medication on a regular basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give full details, indicating the type of medication and dosage:	
<i>Please ensure that you have adequate supplies of medication for the duration of the activity</i>	
Please give details of any other specific needs that the coach should be aware of, and what support/modifications are needed	



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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.

### Participant's Consent

- In the case of an emergency I agree to 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 take part in the activity, and, having read the consent form, declare myself to be in good health and physically able to participate in any activities undertaken.
- I will ensure that any change in the circumstances (eg recent illness, medication or injury), which will affect my participation in the activity will be notified to the mountain bike leader prior to the ride.

<b>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.</b>			
Signature of Participant		date	
Name of Participant (in block capitals)			

### Notes

Live Biking Ltd ensures that reasonable steps are taken to establish a safe environment where riders can enjoy developing their cycling skills.

- Riders are expected to remain in the session from beginning to end. If the rider must leave early, they must advise the coach of the details of the arrangement.
- It is the participant's responsibility to ensure that their bike is in a safe condition to ride. All riders must wear a cycling helmet at all times during the coaching sessions.
- Live Biking does not accept responsibility for loss or damage to personal belongings, or personal injury unless it is caused by negligence on the part of instructors/ guides.
- Live Biking would like to use appropriate photos and videos taken on the activity for marketing purposes, including social media, adverts and website materials. Please tick to opt out:

<b>Live Biking coach use only</b>
Other relevant information about the rider (ability level, learning style etc)