



# Guest Registration Form

## Ride Details:

Destination: .....Date: .....

Approx. distance: .....

## General ride information:

.....  
.....

## Details of participant: (Please use BLOCK CAPITALS)

First name: ..... Surname: .....

Address: .....

..... Postcode: .....

Tel No: ..... Email: .....

Date of birth if under 18: ..... NB A Parental Consent Form **MUST BE** completed

## Emergency contact details:

Name: ..... Tel: .....

Relationship to rider: .....

**Note** Non-Club members will be asked to join WBCC after three rides.

## Disclaimer for riders

I agree that I understand and will abide by Wild Bikes Cycling Club (WBCC) Rules 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 WBCC cannot be held responsible for any personal injury, accident, loss, damage or public liability during club rides and events.

Name: ..... Date: ..... Signature: .....

WBCC rides are covered through affiliation to CTC which provides the club with Organisers' Public Liability Insurance. Wild Bikes strongly recommend that all our riders take out appropriate third party liability insurance for their cycling activities (e.g. CTC, British Cycling).

WBCC will not disclose the information on this form to any other organisation.