

RIDE DETAILS:

Destination Date Approx. distance

DETAILS OF PARTICIPANT:

First name: Surname:

Address:

Postcode.....Mobile:.....

EMERGENCY CONTACT DETAILS:

Name: Tel:

Relationship to rider:

NOTE: Non TCC members will be asked to join TCC after two rides.

DISCLAIMER FOR RIDERS

I agree that I understand and will abide by the terms and conditions required by TCC 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 TCC cannot be held responsible for any personal injury, accident, loss, damage or public liability during the event.

Name: Date: Signature:

TCC rides are covered by Organiser's Public Liability Insurance. If you would like us to email news to you, please give your email address below.

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TCC 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.