



## Life Cycle UK Cycle Training Consent form

Child's Name:..... TG.....

Age:..... Male/Female.....

Home Address:.....

.....PostCode:.....

School:.....

Your name:.....

Email:.....

I am the parent/legal guardian of the above child and give my consent for them to participate in cycle training provided by Life Cycle UK. I understand that:

1. Where I provide a bike for my child I will make sure it is roadworthy. If I am not sure I will take it to a bike shop and have it serviced before the course. I understand that my child will not be allowed to participate if his/her bike is deemed un-roadworthy.
2. Most of the training takes place on public roads around the location of the course venue.
3. Life Cycle UK is not liable for any injury, loss or damage to persons or property before or after the course including on journeys to and from the venue.
4. Completion of the training course does not mean that it is safe for my child to cycle in all conditions. To become a proficient cyclist takes practice.
5. It is my responsibility to decide if I should have personal accident insurance for my child.
6. I accept that the instructors may at any time refuse to continue to train my child if his/her behaviour or ability level is deemed to be unsuitable.
7. It is my responsibility to decide whether my child should wear a helmet. If my child does not wear one, Life Cycle UK will not be liable for the results of any injury that may have been prevented by the wearing of a helmet. I will ensure that my child's helmet is fitted to my satisfaction.

**Please tick if you have provided a helmet and wish your child to wear it:**

NB – If you tick this box then your child must have their helmet and wear it. If they do not, they will not be able to take part in training.

**Does your child have special educational needs, physical needs or behavioural problems?** (please tick) Yes No

**Does your child have any medical condition we should be aware of?** (please tick) Yes No

If yes to either of the above, please give details:

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We may want to photograph the course for publicity purposes. Please tick the box if you DO NOT want your child to be photographed.

**Please Return to Student Services No Later than the 1 November 2017**  
**Please note that places are limited and will be allocated on a first come first served basis.**