



GUEST REGISTRATION FOR GROUP RIDES

Ride Destination: _____
Ride Information: _____

Details of participant: (please use block capitals)

First Name: Surname:

Address:

.....

..... Postcode:

Tel No:

e-mail:

Participants are automatically granted limited membership of Cycle Somerset for the first few rides; you will be added to our e-mail list for future ride notification. Joining and membership details are on the club website. Emergency contact details to be logged with the Ride Leader.

Disclaimer

I agree that I understand and will abide by the Group Riders Checklist for the safe participation in this activity 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 take part in this activity and that my bicycle is in a safe and rideable condition. I accept that Cycle Somerset cannot be held responsible for any personal injury, accident, loss, damage or public liability during the ride.

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



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