

**RIDE DETAILS:**

Destination ..... Date ..... Approx. distance .....

**DETAILS OF PARTICIPANT:**

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

Address: .....

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

**EMERGENCY CONTACT DETAILS:**

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

Relationship to rider: .....

**NOTE:** Non TCC members will be asked to join TCC after three 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.

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.

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