



Central Bedfordshire Council
www.centralbedfordshire.gov.uk

BIKEABILITY CONSENT FORM

This agreement is between *Cycle4LIFE* and the person signing below.

Please read then tick confirmation boxes:

I / my child will **not wear a helmet** and I understand that *Cycle4LIFE* will not be held liable for any injury which may have been prevented by wearing one.

OR

I / My child will **wear the properly-fitting helmet that I provide** (not “full face” please - can’t hear/see) and I understand that *Cycle4LIFE* will not be held liable for injuries which may have been prevented by not wearing one.

I **have checked bike against the bike check guide** provided and confirm that it is **roadworthy with two working brakes**. If I am unsure I will consult a bike shop before the training. I allow instructors to make small adjustments.

I will inform the instructors of any **medical conditions/allergies** that I / my child has which may affect the training and provide further info in the notes box below if applicable.

I will make instructors aware of any special educational needs or disabilities which may affect the training and provide further info in the notes box below if applicable.

I give permission for instructors to take photo(s) of me / my child, solely for use on *Cycle4LIFE* and Central Bedfordshire promotional materials. (*optional*)

Please tick this box if your child is considered vulnerable or if your child is living with vulnerable adults /siblings.

I understand that *Cycle4LIFE* is not responsible for any injury or loss or damage unless caused by an instructor's negligence, and that *Cycle4LIFE* takes no responsibility for any injury or loss or damage which occurs on the way to or from a lesson.

I understand that having taken training it does not necessarily follow that it is safe for me / my child to ride a bicycle and further practice may be needed. For school age trainees, the child's ability to ride to school is a joint decision between family and school and we recommend they have achieved Bikeability Level 2.15.

I have read the conditions and advice, and give permission for me / my child to take cycle lessons.

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| Name of Trainee in CAPITAL letters: | EMERGENCY contact NAME(s) and PHONE(s): |
| SCHOOL name: CLASS name: | Your SIGNATURE: |

**TRAINEE'S NOTES / medical / special needs / vulnerability
if applicable:**

DATE: