

# One to One / Level 3

## Cyclist Training Booking / Consent Form



This is an agreement between West Sussex County Council (WSCC) and the undersigned. It relates to all cyclist training run by WSCC on or after the date of this agreement. I understand that the training will be carried out on public roads, except in the case of complete beginners.

I understand that the instructor may at any time refuse to continue to train me or my children if they deem the bike(s) to be un-roadworthy. It is my responsibility not to ride or allow my child(ren) to ride un-roadworthy bikes.

I accept that the instructor may at any time refuse to continue to train me or my child/ren should behaviour or ability levels be deemed dangerous or unsuitable.

I understand that WSCC is not responsible for any injury or any loss or damage to me or my property.

Children must wear cycle helmets during training sessions. Adults are advised to wear cycle helmets whilst riding, but ultimately remains their decision.

I undertake to make the instructor/s aware of any medical condition or additional needs that I or my child(ren) have which may adversely affect the training.

**By signing this agreement, you consent for yourself / your child to participate in sessions on a one to one basis. Please tick the box if a parent/guardian will also be present during the training**

Course Date/Time: .....

Name: ..... Date of birth: .....

Address: .....

Postcode: .....

Telephone Number : ..... Mobile : .....

Email: .....

Name of Emergency Contact : .....

Telephone Number: .....

Signed: .....	Date: .....
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Please tell us below about any additional needs our instructors should be made aware of so they can best support you or your child's learning experience.

Medical/Educational needs:

Please indicate any medication that should be present with you or your child during training:

Have you or anyone in your household displayed COVID-19 symptoms in the last 10 days? (Please provide details):

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