HOPWOOD LADIES CYCLING CLUB

MEMBERSHIP FORM

| NAME: | | | | | | |
|--|--|---|---|--|---|---|
| <u>D.O.B</u> .: | | | | | | |
| ADDRES | <u>s</u> : | | | | | |
| | | | | | | |
| TELEPHONE: HOME: | | | | | | |
| | MOBI | <u>LE</u> : [| | | | |
| EMAIL A | DDRESS: | | | | | |
| EMERGENCY CONTACT NAME: | | | | | | |
| EMERGENCY CONTACT NUMBER: | | | | | | |
| Do you give consent for the above details to appear on our register and to be supplied to other | | | | | | |
| members: | | | | | | YES/NO |
| Are you happy for your photographs to appear on our website and in local newspapers/ | | | | | | VEC /NO |
| magazines, etc? | | | | | | |
| <u>Declarations</u> | | | | | | |
| I confirm that I have 3rd party liability insurance. My insurance is with | | | | | | |
| I accept that I will be subject to the regulations of the constitution and by joining the club will be deemed to accept the regulations and codes of conduct that the club has adopted and the policies and rules of Cycling UK. | | | | | | |
| I am conversant with and acknowledge the Hopwood Ladies Risk Assessment. | | | | | | |
| I acknowledge that I will be registered with Cycling UK as a Ride Leader. | | | | | | |
| I will make the ride leader aware of any relevant medical conditions and take any appropriate medication with me on each ride. | | | | | | |
| <u>Disclaimer</u> | | | | | | |
| entirely a assume for the open without a suffered by from that could affe a disability | t my own risull and entire road I must any liability by me provide party's neget my ability y or medical | sk. I he respect observations what the second the second the second to right. | have consider sponsibility serve the lates tsoever on hat this does nce. I confilition ide safely. I | lere for aw the s ne rm un | pation in rides and events promoted by Hopwood Ladies Cyclined and understand the nature of such events and I understand my own safety in relation to other traffic. I understand that in of the land relating to road travel. I agree to participate in see part of the club or members in respect of any injury, loss ot exclude the liability of any such party for death or personal in that I have no disability or medical condition, physical or mederstand that I must notify the club at once if any time I become or mental, which could affect my ability to ride safely as a cyclistic party of the club at once if any time I become | that I must n events on such events or damage njury arising ental, which e subject to |
| SIGNED: | | | | | DATE: | |