

# Rider Information and Consent Form



1. Rider's Details	
First Name:	Last Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: <span style="margin-left: 100px;">Age:</span>
Address:	Telephone:
	Mobile:
Email:	
<b>Form of ID:</b> Passport: - Driving Licences: - Deposit: £	
If staying in the area, what is the address:	
Previous biking experience: <input type="checkbox"/> New to biking <input type="checkbox"/> Returning to biking <input type="checkbox"/> A regular biker	
Do you ever cycle on road?      Yes      No If Yes, how regularly?.....	
Have you ever undertaken any cycle training?      Yes      NO	
Frame number of bike used:	

2. Emergency Details	
First Name:	Last Name:
Relationship to Rider:	Telephone:
Work Telephone:	Mobile:

3. Disability	
Do you consider yourself to have a disability?      Yes      No	
If yes, what is the nature of your disability?	
Please provide details of any support you require:	

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## 4. Medical Information

a) Do you suffer from any of the following conditions?		
	Yes	No
Asthma		
Bronchitis		
Chest problems		
Diabetes		
Fainting		
Migraines		
Heart trouble		
Raised Blood Pressure		
Tuberculosis		

Epilepsy ?      Yes                  No

If yes, a) what specific epilepsy syndrome has been diagnosed  
 .....

b) What is the pattern of any seizures.....  
 .....

**b) Do you suffer from any other condition requiring medical treatment or medication?**  
 Yes                  No

If yes, please provide details.....  
 .....

**c) Are you allergic or sensitive to any medication (eg penicillin), insects bites or food?**  
 Yes                  No

If yes, please provide details .....

**d) Are you taking any form of medication on a regular basis?**      Yes                  No

If yes, please give full details, indicating the type of medication and dosage:  
 .....

**Please ensure that you bring adequate supplies of medication/ dosage for the duration of the activity**

**5. Do you have your own personal insurance cover**

Yes    No

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## 6. Information

How did you hear about hiring the bikes?.....

.....

Are you:

Local

Tourist

Day tripper

If you are a tourist in the area, please can you answer the following

How long are you staying in the

area?.....

Have visited the area

before?.....

Would you come back

again?.....

What attractions/events have you visited in the area?.....

.....

.....

### DECLARATION

I declare that the above information is correct, and that the person has my permission to authorise medical treatment in an emergency.

Signed:.....

Date:.....