



Guest Registration Form for CTC Rides

Ride Details:

Destination: Date:

Approx. distance:

General ride information:

Details of participant: (Please use BLOCK CAPITALS)

First name:Surname:

Address:

Postcode:

Tel No: Email:

Date of birth if under 18: **NB** Parental Consent form **MUST BE** signed

Emergency contact details:

Name:Tel:

Relationship to rider:

Note: Non-CTC members are required to join CTC after taking part in five CTC rides.

Disclaimer for riders

I agree that I understand and will abide by the terms and conditions required by CTC for the safe participation in this activity and to act responsibly and adhere to the rules of the road and countryside. Marshals, if they are used, are solely to indicate the direction and 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 CTC cannot be held responsible for any personal injury, accident, loss, damage or public liability during the event.

Name: Date: Signature:

CTC rides are covered by Organisers' Public Liability Insurance and all CTC members are covered by third party insurance. Riders who are not members of the organisation are advised to either join CTC or obtain their own insurance.

CTC 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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