



BikeRight! Consent form

You as parent/guardian are asked to

- Complete this form for the child you wish to take part
- Return the completed form to the instructor before the session
- Indicate below any medical conditions your child suffers from that you feel BikeRight! instructors should be made aware of for a cycling session

BikeRight! Tel: 0161 230 7007 E-mail: info@bikeright.co.uk Web: www.bikeright.co.uk

BikeRight! consent form

I give permission for my child to take part in a cycling session. I agree that my child can take part without any liability on the part of BikeRight! In respect of any injury or any loss or damage to property that is not caused by an instructor's negligence.

Child's name		Age	
School			
Relevant Medical Information			
Your name			
Emergency contact number			
Signed		Parent/Guardian	
Date			

Thank you for completing this form.

If you have any queries or are interested in finding out more about BikeRight!, please contact us using the information below:

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