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|---|---|----------------|---|
| Name: | | Membership No: | |
| <p>I consent for my "In Case of Emergency (ICE)" contact information to be held on a digital register until the 2020 AGM at which point it will be deleted.</p> <ul style="list-style-type: none"> I understand that the information will be shared with registered CTC Peterborough Ride Leaders. I understand that the mobile telephone number I give will only be used should I become separated from the group during a ride. I understand that my named contact will only be contacted if, due to an incident, I am not capable of making contact myself. | | | <input type="checkbox"/> Please tick to indicate that you have read the statements and accept them |
| Personal Mobile Tel No: <i>(the mobile I carry on rides)</i> | | | |
| Primary Contact Name: | | | |
| Tel No: | Relationship: | | |
| Secondary Contact Name <small>(In case your primary contact might be unavailable))</small> | | | |
| Tel No: | Relationship: | | |
| Please tick only one or NONE | I consent to images of me, taken at CTC Peterborough events, being published on the CTC Peterborough Website and on the CTC Peterborough Facebook page. My consent is given subject to me <i>NOT being identified</i> by name. | | <input type="checkbox"/> Please tick if you agree |
| | I consent to images of me, taken at CTC Peterborough events, being published on the CTC Peterborough Website and on the CTC Peterborough Facebook page. I consent to me <i>being identified</i> by name. | | <input type="checkbox"/> Please tick if you agree |
| This signed agreement will remain valid until the 2020 AGM. All riders must sign at the bottom of the page and, in doing so, agree to the following: | | | |
| <ul style="list-style-type: none"> only participate in a club ride if they consider themselves to be sufficiently fit and healthy to complete the ride; ensure that their bike is in a safe, legal and roadworthy condition; ride in a manner that complies with the guidance for Riding Safely in a Group published on the CTC Peterborough website. | | | <input type="checkbox"/> Please tick to indicate that you have read and agree to. |
| Signature | | Date: | |