

GUEST ENTRY FORM FOR CTC GROUP RIDES – Swansea Member Group

RIDE DESTINATION:.....

Date

APPROX. DISTANCE:.....miles

RIDE INFORMATION:

Details of participant
: (Please use BLOCK CAPITALS)

First name:

Surname:

Address:

Postcode:

Tel No:

Email:

CTC Membership No
.....

If you are not a CTC member please sign disclaimer below.

Non-members may participate on 3 occasions before joining CTC. Max. of 10 guest riders per ride.

Disclaimer for non CTC members.

I agree that I understand and will abide by the terms and conditions required by the 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 the manoeuvre is carried out safely. I hereby maintain that I am fit and healthy enough to participate in this activity and my cycle is in a safe, legal and serviceable condition. I also accept that the 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 CTC members are covered by third party insurance.