

Rideability - Cycle Education Licenses Austcycle Provider ABN 44586979472 Ph 0411260 336 www.rideability.com.au

## **AUSTCYCLE REGISTRATION FORM**

This Consent and Registration Form (**Consent Form**) is to be completed and signed by the training participant (**Participant**), or in the case of a child under 18, the parent or legal guardian of the Participant. The Consent Form must be received by the AustCycle Teacher before the Participant will be allowed to participate in the training course.

AustCycle Pty Ltd reserves the right to refuse to allow any person from participating in the training course.

## Declaration

I have carefully read this Consent Form in its entirety and agree to be bound by the terms printed on the back page of this Consent Form. I acknowledge and accept that the sport of cycling carries a degree of risk of injury. I agree to obey all the AustCycle rules, directions and decisions of all AustCycle Teachers and officials whilst I am participating in the AustCycle Cycling Training course.

Declaration and consent of parent/guardian (if Participant is under 18 years of age)					
T	, the	e parent/legal guardian of	,		
(name of parent/legal guardian – please print)			(name of Participant – please print)		
	e that I am authorised to ac		child's participation in the AustCycle Cycling n this Consent Form as the parent/legal		
			my behalf should my child require medical attention, and release any liability for injury incurred by my child at cycling training .		
AustCycle recommends health insurance; hospital and ambulance cover for all Participants.					
Signature of Parent/Legal G	uardian		Date		
Participant's details: Please note, all data is confidential and for evaluation purposes only.					
Name					
Postal Address					
			Postcode		
Email Address					
Parent/Guardian Name					
Relationship to Child					
Emergency Contact					
Age (years)					
Gender	Male	Female			
Will you have your own bike to use?		Yes	No		

AustCycle Pty Ltd C/- PO Box 6310 Alexandra 2015 NSW, Australia Phone 02 9339 5873 Fax 02 9339 5888 Web www.austcycle.com.au



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Representations and Warranties: I warrant that I am in good physical condition and have no medical condition, complaint, impairment or ailment that will prevent me from participating in the AustCycle Cycling Training Program or that will be detrimental to my health, safety or physical condition or the health, safety or physical condition of others while participating in an AustCycle Cycling Training Program or while at or near the Program.

Release and Indemnity I hereby release and forever discharge each of AustCycle Pty Ltd, and their officers, directors, employees, agents and contractors and sponsors, from any and all claims, suits, demands, expenses, costs, actions and proceedings of any nature whatsoever including negligence, which I, my executors or administrators or any other person has or might assert against any of them arising from, in relation to, incidental to or by virtue of any injury, loss or damage suffered or sustained in connection with participation in the AustCycle Cycling Training course or at any time when near the AustCycle Cycling Training course. I hereby indemnify and hold harmless, and shall keep indemnified and held harmless, each of AustCycle Pty Ltd, , their officers, directors, agents, contractors and sponsors from and against all claims, suits, demands, expenses, costs, actions and proceedings of any nature whatsoever arising from, in relation to or by virtue of:

(1) Any injury, loss or damage sustained by me.

(2) Any injury, loss or damage suffered by any other person as a result of any act, omission, neglect or default on my part, in connection with my participation in the AustCycle Cycling Training course at any time when I am near the AustCycle Cycling Training course. I acknowledge that AustCycle's insurance policy covers me for public liability and personal indemnity whilst participating in an AustCycle Cycling Training course. I agree to wear an Australian Standards approved cycling helmet whilst riding a bike at all times during this period. I agree that I am responsible for my personal accident insurance, ambulance cover and any medical costs not covered by AustCycle's insurance.

I hereby agree to allow the Participant's name, photograph, video, audio recordings, multimedia or film likeness to be used in the media and by AustCycle, the sponsors, or assigns for the purposes of promoting AustCycle,

Training course and the sport of cycling.