



INDIVIDUAL ADULT & GROUP BOOKING FORM

Please return form by email to bookings@ridingabike.co.uk Tel: 07765 880 440

This is an agreement between **Ridingabike (RAB)** and the undersigned. It relates to all training run by RAB from the date shown below.

I (FULL NAME)..... will take lessons in safe, effective cycling.

I/we understand that the instructors may refuse to train me/us if my/our cycle(s) is deemed to be un-roadworthy. It remains my/our responsibility not to ride an un-roadworthy cycle and if in doubt I/we should seek the advice of a professional mechanic.

I /we accept that the instructors may refuse to train me/us at any time if my/our behaviour or ability level is deemed to be unsuitable.

I/we accept that RAB or any of its agents are not responsible for loss or damage to any property, or for any injury which is not caused by an instructor's negligence.

I/we understand that having taken training, it does not necessarily follow that it is safe for me/us to ride a bicycle. Becoming a proficient cyclist takes more practise than lessons of this kind can provide.

RAB strongly advises all its trainees to wear a helmet. If I/we choose not to do so, I/we understand RAB will not be held liable for any injury that may or may not have arisen out of this decision.

I/we undertake to make instructors aware of any medical condition that may affect the outcomes of training or my safety during training.

I/we understand that any personal details held by RAB may be passed on to any organisation paying for my/our training, together with details of the lesson.

Signed:- **Date:-**
(On behalf of ALL named individuals)

Address		Post Code	Age (if under 18)	
Telephone:				
Home		Daytime		Mobile
Email:				

Where did you first hear about RAB?

Previous Experience (tick as applicable)						
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions or Special Needs (that may effect cycle training)						
Lessons required for; (tick as required)						
Commuting <input type="checkbox"/>		General Riding <input type="checkbox"/>		Sports/Fitness <input type="checkbox"/>		
Holiday/Travel <input type="checkbox"/>		Accompanying Children <input type="checkbox"/>		Bike Maintenance <input type="checkbox"/>		
Other <input type="checkbox"/>						
Other Group Members YES <input type="checkbox"/> NO <input type="checkbox"/>						
2-Name:				Age (if under 18)		
Previous Experience (tick as applicable)						
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions or Special Needs (that may effect cycle training)						
3-Name:				Age (if under 18)		
Previous Experience (tick as applicable)						
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions or Special Needs (that may effect cycle training)						
4-Name:				Age (if under 18)		
Previous Experience (tick as applicable)						
Bikeability Levels	1a <input type="checkbox"/> Complete Beginner	1b <input type="checkbox"/> Ride with control	2 <input type="checkbox"/> Ride on quiet roads	3 <input type="checkbox"/> Ride on busy roads	Other <input type="checkbox"/>	Wear Helmet YES <input type="checkbox"/> NO <input type="checkbox"/>
Medical Conditions or Special Needs (that may effect cycle training)						

For larger groups please add details to additional form(s)